

# BENEFITS PROCEDURES

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*The information provided in this publication is for your convenience and reference as a general guide only and cannot be relied upon as an authoritative source for the law, practices, or policies of CalPERS. While CalPERS tries to include only accurate, timely and complete information in its publications, summaries, guidelines and other advisory printed materials, sometimes information provided in printed materials may be or become inaccurate, untimely, incomplete, unclear or misleading. In all instances, the law then in effect, not this publication, controls the application of the Public Employees' Retirement Law. It is the reader's responsibility to independently verify the accuracy of the information contained in this publication before engaging in a course of action.*

## BENEFICIARY DESIGNATION FORM (PERS-BSD-241) (PRIOR TO RETIREMENT)

The purpose of the **Beneficiary Designation Form**, (PERS-BSD-241), is to:

1. Provide a means for a member who is not retirement eligible and who is not eligible for the Alternate Death Benefit to designate beneficiaries other than the statutory beneficiaries provided by the retirement law. The statutory beneficiaries are listed under item C on the front of the PERS-BSD-241.
2. Provide a means for a member who is married or in a registered domestic partnership and is either eligible to retire (age 50 or over with a minimum of five years of service credit) or who is eligible for the Alternate Death Benefit (under age 50 with 20 or more years of service) to designate beneficiaries to receive a one-time payment of the member's community property share. The spouse/registered domestic partner, by law, is still entitled to a choice of a monthly allowance or lump sum benefit. However, the amount is limited to just their community property share if the member designates other beneficiaries on this form.
3. Change the designated beneficiaries.
4. Designate any person or legal entity such as a college, university, corporation, trust, or estate as beneficiary.

One of the following life events will revoke the PERS-BSD-241:

- a. Marriage/Registration of Domestic Partnership.
- b. Dissolution/Annulment of marriage or termination of domestic partnership. However, a designation filed after the initiation of a dissolution/annulment of marriage or termination of domestic partnership will NOT be revoked when the legal action is finalized.
- c. Birth or adoption of a child.
- d. Termination of employment which results in a refund of contributions, or in payment of a monthly retirement allowance.

### NOTE:

Following a revoking action, the death benefits become payable to the statutory beneficiaries unless a new **Beneficiary Designation Form** (PERS-BSD-241) has been filed. The order of statutory beneficiaries is listed in item C on the front of the PERS-BSD-241.

### SPECIAL INSTRUCTIONS

1. Changes on the form are acceptable only when they are clear and initialed by the member.
2. Complete the **Beneficiary Designation Form**, make a copy for your records, then mail to CalPERS. It may be faxed to (916) 795-3933.
3. After CalPERS reviews the form, a confirmation letter will be mailed to the member within about 6 weeks. If the form is not acceptable, a new form will be mailed to the member.

### NOTE:

The **Beneficiary Designation Form** allows a member to designate benefits on a percentage basis if more than one beneficiary is named. The percentages must add up to 100%. If no percentage is indicated, the benefits will be paid equally to each beneficiary.

Also, there is a box the member can check to certify they are not legally married or not in a domestic partnership. If this box is checked, the "Justification for Absence of Spouse or Registered Domestic Partner's Signature" form is not required.

# INSTRUCTIONS TO COMPLETE THE PERS-BSD-241

## MEMBER INFORMATION

ITEM	INSTRUCTIONS
Member Name	Print or type the member's name: First name, middle, last.
Social Security Number	Enter the member's Social Security Number.
Birth date	Enter the member's birth date: Month, Day, Year.
Telephone Number	Enter the member's telephone number: area code and 7-digit number.

## PRIMARY BENEFICIARIES

ITEM	INSTRUCTIONS
First Name, Middle Name, Last Name	Enter the name of the designated beneficiaries.
Percentage	Optional. Enter a percentage if you wish to provide unequal amounts to multiple beneficiaries (e.g., 75% to one person and 25% to the other). The total percentages must equal 100%.
Relationship to Member	Enter the beneficiary's relationship to the member (i.e., uncle, cousin, brother, friend, charity, etc.).
Social Security Number	Enter beneficiary's Social Security Number.
Address (Number and Street)	Enter the beneficiary's address.
City, State, and Zip Code	Enter the beneficiary's city and state of residence. Be sure to include zip code.

## SECONDARY BENEFICIARIES

ITEM	INSTRUCTIONS
Secondary Beneficiaries	<p>A member may name one or more second beneficiary(ies) in this block. The beneficiary(ies) listed here would receive the death benefits in the event the member survives the beneficiary(ies) named as the primary beneficiary.</p> <p>If a member wishes to name more beneficiaries than space allows, attach a separate piece of paper to the form. The attachment must clearly state that it is a continuation of the Primary or Secondary Beneficiaries. It must list the names, relationships, Social Security Numbers and addresses of the beneficiaries. The member must sign and date the attachment. <u>Write the member's name and Social Security Number on the top of the attached paper.</u></p>

## SIGNATURE

ITEM	INSTRUCTIONS
Member Signature	Have member sign their name.
Date	Enter the date the member completed this form.
Certification	Check this box if there is no spouse's/domestic partner's signature because the member is not legally married or does not have a registered domestic partner. If this box is checked, the PERS-BSD-800 is NOT required.
Signature of Spouse/Domestic Partner	Have the member's spouse sign his/her full name. If there is no signature in this block, the attached PERS-BSD-800 must be completed by the member.

### NOTE:

To properly designate a trust as a primary beneficiary the following information MUST be provided:

The name of the trust, date of trust, and name and address of the person with whom the trust is on file. It is suggested that the following wording be used to name a trust as beneficiary: "The trustee of the \_\_\_\_\_ Trust".

This suggestion must not be construed as legal advice.

### NOTE:

The designation will NOT be accepted without the spouse's/domestic partner's signature unless either the certification box is checked or a PERS-BSD-800A form is received with the PERS-BSD-241.


**BENEFICIARY DESIGNATION**  
 PERS-BSD-241 (Revised 12/04)

**TO: CalPERS/ Benefit Services Division**  
**P.O. Box 942711**  
**Sacramento, CA 94229-2711**  
**Fax: (916) 795-3933**  
**Phone: (888) CalPERS (225-7377)**

MEMBER'S FULL NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER	BIRTH DATE	TELEPHONE NUMBER
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I understand that if I am married or in a registered domestic partnership but do not name my spouse or domestic partner as beneficiary, she/he may still be entitled to a community property share of my 'Lump Sum Contributions' or a share of any monthly allowance that may be payable. My 'Non-Spouse or Non-Partner' designated beneficiaries will receive the portion of my lump sum benefits, which are not payable to my spouse or domestic partner as his/her community property share. I further understand that if my death is determined to be "Industrial," special death benefits will be paid in the manner prescribed by law. If no percentage (%) is given, the applicable benefits will be paid SHARE AND SHARE ALIKE.

**PRIMARY BENEFICIARIES**

FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)	
FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)	
FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)	

In the event that I survive the person(s) named above, I hereby designate the following person(s) who survive me, as BENEFICIARIES. If no percentage (%) is given, benefits will be paid SHARE AND SHARE ALIKE.

**SECONDARY BENEFICIARIES**

FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)	
FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)	

Should I survive all of the persons named above, I understand that the benefits payable on account of my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to the Board of Administration, all in accordance with the applicable provisions of law.

BY THIS BENEFICIARY DESIGNATION, I HEREBY REVOKE ANY PREVIOUS DESIGNATION I HAVE FILED. I UNDERSTAND THAT MY MARRIAGE OR REGISTERED DOMESTIC PARTNERSHIP, DISSOLUTION OR ANNULMENT OF MY MARRIAGE OR DOMESTIC PARTNERSHIP, OR THE BIRTH OR ADOPTION OF A CHILD OR TERMINATION OF MEMBERSHIP SUBSEQUENT TO THE DATE I FILE THIS FORM WITH CALPERS, WILL AUTOMATICALLY VOID THIS DESIGNATION. HOWEVER, A DESIGNATION FILED AFTER THE INITIATION OF A DISSOLUTION/ANNULMENT OF MARRIAGE OR REGISTERED DOMESTIC PARTNERSHIP IS NOT REVOKED WHEN THE DISSOLUTION/ANNULMENT IS FINALIZED.

**Signatures Required**

Are you legally married or have a registered domestic partner? ☐ No ☐ Yes

If yes, your spouse or registered domestic partner must sign this form

If no, please indicate: ☐ Never married/or Never in Domestic Partnership ☐ Divorced/Annulled ☐ Widowed

**IMPORTANT** – You must complete the BSD-800 on the reverse side of this form if you are married or have a registered domestic partnership but your spouse or domestic partner is unable to sign below.

**MEMBER SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEMBER ADDRESS:** \_\_\_\_\_  
 (Number and Street) (City) (State) (Zip Code)

**SPOUSAL/REGISTERED DOMESTIC PARTNER ACKNOWLEDGEMENT:** By signing this beneficiary designation form, I acknowledge the information entered by my spouse/domestic partner.

**SPOUSE/DOMESTIC PARTNER SIGNATURE:** \_\_\_\_\_

## INFORMATION AND INSTRUCTIONS FOR CalPERS BENEFICIARY DESIGNATION FORM

If you die before you retire, the Public Employees' Retirement Law provides for payment of specific Death Benefits to your surviving beneficiaries. Please see your personnel officer for a description of the benefits. The benefits are payable to the following beneficiaries:

- A. If you are a safety member and your death is job-related, or if you are not a safety member but you are fatally attacked while performing your official job duties, the Special Death Benefit may be payable. This benefit is payable by law to your surviving spouse/registered domestic partner (whether or not you were still living together at the time of your death) or, if none, to your unmarried children/step-children under age 22, whether or not you have filed a beneficiary designation.
- B. If you are eligible for retirement or you are a State member with at least 20 years of State service credit, a monthly death benefit allowance may be payable. If you do not have a valid beneficiary designation on file, the benefits will be payable to your surviving spouse/registered domestic partner to whom you have been married to or in a partnership with for either one year or prior to the onset of the injury or illness that resulted in death. Or, if there is no eligible surviving spouse/registered domestic partner, the allowance will be payable to your unmarried minor children, if any.

If you *do have* a valid beneficiary designation on file your spouse/registered domestic partner may still be entitled to a community property share of your lump sum contributions or monthly death benefit allowance. However, your non-spouse/non-domestic partner designated beneficiaries will receive the portion of your lump sum benefits which are not payable to your spouse/registered domestic partner as his/her community property share.

- C. If A and B do not apply and *there is no* valid Beneficiary Designation on file at the time of death, the benefits will be payable to your survivors in the following order:

- 1. Your surviving spouse/registered domestic partner (whether or not you were still living together at the time of your death); or, if none
- 2. Natural and adopted children, including (in limited situations) a natural child adopted by another, share and share alike; or, if none,
- 3. Parents, share and share alike; or if none,
- 4. Brothers and sisters, share and share alike, or if none,
- 5. Your estate (if probated, or subject to probate), or if not,
- 6. Your trust (if one exists), or if not,
- 7. Stepchildren, share and share alike, or, if none,
- 8. Grandchildren, including step-grandchildren, share and share alike, or, if none,
- 9. Nieces and nephews, share and share alike, or, if none,
- 10. Great-grandchildren, share and share alike, or, if none,
- 11. Cousins, share and share alike.

If A and B do not apply and *there is* a valid Beneficiary Designation on file at the time of death, the benefits will be payable to the beneficiary(ies) you designate on the form. **However, if you are married or have a registered domestic partner at the time of death, your spouse/domestic partner may still be entitled to a community property share of your lump sum contributions.**

- D. You may designate or change your beneficiaries at any time by completing another Beneficiary Designation form. You may name as beneficiary any person or persons, a corporation or your estate. Payment will be made to your estate only if probated. You may designate a trust as your beneficiary; however, you must provide the name of the trust, the date of the trust, and the name and address where the trust is filed. It is not necessary to provide the name of the trustee. **Reminder: If you are married or in a domestic partnership at the time of your death and you do not name your spouse/domestic partner as beneficiary, he/she may still be entitled to a community property share of your lump sum contributions or a share of any monthly allowance that may be payable.**

- E. Your Beneficiary Designation will be revoked automatically, and benefits will be payable to the closest survivor listed in section C, if any of the following events occur after your designation form is received by CalPERS:

- 1. Marriage/Registration of Domestic Partnership; or
- 2. Dissolution or annulment of your marriage/domestic partnership. However, a designation filed after the initiation of a dissolution/annulment of marriage or domestic partnership is NOT revoked when the dissolution/annulment is finalized; or
- 3. Birth or adoption of a child; or
- 4. Termination of membership that results in a refund of your contributions.

INSTRUCTIONS (See Reverse Side of This Page)

## INSTRUCTIONS

1. Print clearly with ball point pen or type all information requested. If you make an error, make the necessary correction by lining through the error and initialing the change. No erasures or correction fluid will be accepted.
2. Enter on the form the full name of your beneficiaries, relationship, social security number (if known), and the complete address for each. (If the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries. You must sign, date, and write your social security number at the top of each additional sheet.)
3. If a (%) is entered make sure the total equals 100%.
4. Your spouse/registered domestic partner must sign the form to acknowledge the names of the beneficiaries you are designating. **IMPORTANT:** If you are unable to obtain your spouse's/domestic partner's signature, you **MUST** complete the BSD-800, "Justification for Absence of Spouse or Domestic Partner's Signature" form, on the reverse side of the designation form or your designation form may be rejected.
5. Enter the date you signed the form and your current mailing address.
6. Mail the completed form to the Public Employees' Retirement System at the address shown, or you may fax it to (916) 795-3933.
7. After CalPERS receives and reviews the form a confirmation letter will be mailed to you within 6 weeks. If the form is not acceptable a new form will be mailed to you to complete.

## IMPORTANT INFORMATION

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code Sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Failure to supply all of the requested information may result in the System being unable to perform its functions regarding your status. Portions of this information may be transferred to: state and public agency employers, California State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare microfiche/microfilm for CalPERS. Disclosure to these parties is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership files maintained by the California Public Employees' Retirement System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, CalPERS, P.O. Box 942702, Sacramento, CA 94229



**Benefit Services Division**  
P.O. Box 942711  
Sacramento, CA 94229-2711  
(888) Cal-PERS (225-7377)  
TDD - (916) 795-3240; FAX (916) 795-3933

### JUSTIFICATION FOR ABSENCE OF SPOUSE OR REGISTERED DOMESTIC PARTNER'S SIGNATURE

Pursuant to Government Code Section 21261, the member's current spouse or registered domestic partner must be made aware of the selection of benefits or change in beneficiary made by the member. The spouse or domestic partner of a CalPERS member must acknowledge the submission of a request for refund of contributions; election of retirement optional settlement; and designation of beneficiary for Pre-retirement Death Benefits.

If a spouse or domestic partner's signature does not appear on one of the above-mentioned documents, the following information **MUST** be completed by the member and submitted with the application/form.

MEMBER'S NAME (TYPED OR PRINTED)	SOCIAL SECURITY NUMBER
APPLICATION SUBMITTED	
<b>BENEFICIARY DESIGNATION (PERS-BSD-241)</b>	

Select either 1 or 2 and indicate specifics:

1. ☐ By checking this box, I indicate that I am not legally married or in a registered domestic partnership because:
  - ☐ Never married or never in registered domestic partnership.
  - ☐ Divorced/marriage annulled or domestic partnership terminated. \_\_\_\_\_  
Date (mm/dd/yyyy)
  - ☐ Widowed. \_\_\_\_\_  
Date (mm/dd/yyyy)
2. ☐ By checking this box, I indicate that I am married or have a domestic partner, but my spouse or domestic partner did not sign this form because:
  - ☐ I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or domestic partner, **OR**,
  - ☐ My spouse or domestic partner has been advised of the application and has refused to sign the written acknowledgement; **OR**
  - ☐ My spouse or domestic partner is incapable of executing the acknowledgement because of an incapacitating mental or physical condition; **OR**,
  - ☐ My spouse or domestic partner has no identifiable community property interest in the benefit, **OR**,
  - ☐ My spouse or domestic partner and I have executed a marriage settlement or partnership agreement that makes the community property law inapplicable to the marriage or partnership.

*I certify under penalty of perjury that the foregoing information is true and correct.*

MEMBER'S SIGNATURE	DATE SIGNED
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## REPORTING AN IMMINENT DEATH OR TERMINAL ILLNESS POWER OF ATTORNEY

When an employer becomes aware of an employee's imminent death or terminal illness, the employer should immediately contact CalPERS by calling **888 CalPERS** (or **888-225-7377**).

Imminent death or terminal illness implies that the member is not expected to live more than 90 days. This also applies to cases where death may not necessarily be imminent, but competency to act on one's own behalf may become impaired thereby jeopardizing later desired retirement action.

If a person is competent to complete the **CalPERS Special Power of Attorney** form (PERS-OSS-138) located in **The Power of Attorney** (PUB-30) publication, the person may give his/her "attorney-in-fact" the power and authority to complete transactions relating to CalPERS, including filing applications, making benefit elections, designating beneficiaries, and endorsing warrants.

### NOTE:

Due to changes in the Probate Code, a member may now specifically authorize their attorney-in-fact to select a retirement option and name a beneficiary even if the attorney-in-fact is a spouse, registered domestic partner, or other family member.

To expedite processing, the person reporting an imminent death should provide the Retirement System with the following information:

1. Member's name, Social Security Number, and birth date.
2. Probable effective retirement date or date when leave credit will expire.
3. Current salary information and balance of accumulated sick leave.
4. Name, relationship, birth date, and sex of the person to be designated as the member's beneficiary.
5. Address and telephone number where information can be communicated.
6. Nature and seriousness of illness, estimated life expectancy, and whether the member is presently competent.

The Retirement System will then contact the parties concerned regarding the benefit options available, the filing requirements which must be satisfied, and how best to expedite the filing process.

### NOTE:

In order for CalPERS to carry out the desired retirement action (e.g., provide an allowance to the beneficiary), it is imperative that the member be alive on the effective date of retirement and an application election filed with CalPERS prior to the member's death.

The retirement application/election form can be faxed to us at (916) 795-3988 with a notation of "Emergency Retirement" in the top margin on the front page. Do not mail the original. The original should be provided to the member for his/her records.

### POWER OF ATTORNEY

For information on **The Power of Attorney** (PUB-30), please visit our Web site at **[www.calpers.ca.gov](http://www.calpers.ca.gov)**. To order a supply, please refer to last Section of this Manual – "Ordering Forms and Publications".

### NOTE:

If the member is married or in a registered domestic partnership and the member's life expectancy is so short that there is no time to call CalPERS, then you should complete a **Disability Retirement Election/Application**, (PERS-BSD-369D) found in the PUB-35 available online at **[www.calpers.ca.gov](http://www.calpers.ca.gov)**.

You cannot elect an option or name a beneficiary, but you must complete the "Survivor Continuance" section 7 to the best of your knowledge. After the completed form is signed, write "EMERGENCY" in the top margin on the first page, and then fax it to (916) 795-3988.

Keep the original for your records. Upon receipt of the fax, a CalPERS representative will call you.

## DEATH OF AN ACTIVE MEMBER

### EMPLOYER NOTIFICATION TO SYSTEM

Immediately upon learning of an employee's death, the employer should contact CalPERS at **888 CalPERS** (or 888-225-7377) and provide the following information:

1. Member name, Social Security Number, and birth date
2. Date of death, cause of death and date of separation
3. Name, address and telephone number of next-of-kin
4. The birth date and date of marriage/partnership if a spouse/registered domestic partner is next-of-kin,

CalPERS will send you a partially completed PERS-BSD-738, **Report of Separation for Death**, with the following information:

1. Employer name and code
2. Name and Social Security Number
3. Date of death

### INSTRUCTIONS FOR COMPLETION — PERS-BSD-738

The employer should verify and, if necessary, correct any information on the form. The employer completes remainder of form as follows:

#### PART I — EFFECTIVE DATES

1. Separation Date — Enter last day on pay status, if separation date or date of death differs from the last day on payroll for which contributions were deducted.
2. Reason for Separation — If separation is not due to death, enter reason for separation. Separation date cannot be later than death date.
3. Last Day on Pay Status — Enter last day on payroll.
4. Timebase — Enter timebase.

#### PART II — PAYROLL/CONTRIBUTION INFORMATION

1. Dates of pay periods (monthly, semi-monthly, bi-weekly, or quadri-weekly) for the month of separation and each of the three months preceding separation.
2. Amount of full-time pay rate.
3. Gross regular amount earned in each pay period.
4. Amount of regular retirement contributions for each pay period.
5. Amount of special compensation earnings for each pay period.

6. Amount of special compensation contributions for each pay period.
7. Under "Other" column heading, explain other than normal contributions (e.g., retroactive salary increase, etc.).

#### NOTE:

- Do not combine contributions for Special Compensation with normal contributions. Use the "special compensation" column.
- Do not deduct retirement contributions from the lump sum vacation payments.
- Do not delay submission of this form awaiting final payroll data. Estimate the last period's payroll information and label this line "Estimate".

#### PART III — UNUSED SICK LEAVE AND/OR UNUSED EDUCATIONAL LEAVE

Please indicate the total number of **days** of unused sick leave and educational leave credited to the member (for members who have attained the minimum retirement age or who are under age 50, but have at least 20 years of state service only) on death date. Show partial days to three decimal places.

#### PART IV — HEALTH INSURANCE

Complete only if the member had health insurance coverage under the Public Employees' Medical and Hospital Care Act. A request for change in health benefits coverage based upon change in family status (death) may be made by an enrolled surviving family member who continues to receive an allowance.

#### PART V — SIGNATURE

Have this form signed by an authorized officer; enter title, phone number and date. Fax completed form PERS-BSD-738 to CalPERS immediately.

#### NOTIFICATION BY OTHER THAN EMPLOYER

When CalPERS is informed of an employee's death by someone other than the employer, the System will also initiate the form PERS-BSD-738, partially filled in, and forward to the employer. The employer completes the balance of the form per instructions found in "Employer Notification to System".



Benefit Services Division  
P.O. Box 1652  
Sacramento, CA 95812-1652  
(888)CalPERS or (888)225-7377, FAX (916)795-1281

**REPORT OF SEPARATION FOR DEATH – REQUEST FOR PAYROLL INFORMATION**  
PERS-BSD-738 (2/01)

**PLEASE COMPLETE AND FAX TO (916) 795-1281 AS SOON AS POSSIBLE**

Agency Code:	Agency Name:	
Member Name:	SSN:	Date of Death:

**We have been notified that the above member has died.** Your cooperation in immediately providing the following information is an important part of ensuring the accurate and prompt payment of death benefits.

**PART I. EFFECTIVE DATES REGARDING SEPARATION** – Please explain any difference between date of separation and last day on pay status, or, if member was on a leave of absence give dates of absence. Timebase: indicate whether member was fulltime, part-time, indeterminate, or intermittent. If part-time, also indicate required hours (i.e., 30/40 for member working 30 hrs per week).

Separation Date:	Reason for Sep (if separation <u>not</u> due to death):
Last Day on Pay Status:	Timebase: Required Hrs:

**PART II. PAYROLL AND CONTRIBUTION INFORMATION** – Please complete this section for the LAST FOUR MONTHS on pay status, by payroll service period. Contributions should not be deducted after separation. For retroactive pay increases, provide the inclusive dates of the increase as well as the new payrate, total earnings, and contributions for the period of the increase. Any special compensation should also be shown below (i.e., uniform allowance, holiday pay, etc.).

Pay Period From To	Payrate	Gross Earnings (regular)	Member Cont. (regular)	Special Comp. Earnings	Special Comp. Contrib.	OTHER (specify)

**PART III. UNUSED SICK/EDUCATIONAL LEAVE AT TIME OF SEPARATION** - Please enter the total number of days of unused sick leave and educational leave credits (Section 20963.1) the employee had at the time of separation. Accumulated hours must be converted to days using the appropriate factor applicable to each employees' individual classification or position. Calculate to three decimal places.

TOTAL UNUSED SICK LEAVE: \_\_\_\_\_ DAYS  
BALANCE OF EDUCATIONAL LEAVE CREDITS: \_\_\_\_\_ DAYS

**PART IV. HEALTH AND DENTAL INSURANCE** - To be completed only by State agencies and Public agencies which contract for health and/or dental coverage under the Public Employees' Hospital and Medical Care Act. Please attach copies of current health and dental enrollment forms. Failure to provide this information may result in lapse of coverage for eligible annuitants. Bargaining code will need to be provided for Public agency employees ONLY.

Type of Coverage	Plan Name	Name(s) of Covered Dependents	Bargaining Code (If Applicable)
HEALTH INSURANCE			
DENTAL INSURANCE			

**PART IV. CERTIFICATION OF EMPLOYER** – The above information is based on payroll information currently available.

Signature of Payroll Officer \_\_\_\_\_ Title \_\_\_\_\_ Telephone # \_\_\_\_\_ Date \_\_\_\_\_

## INFORMATION FOR FAMILY OF DECEASED

When CalPERS is notified of an active employee's death, a letter (which may not provide an estimate of the benefits payable) and the publication ***A Guide to Your...CalPERS Survivor Benefits*** (PUB-55) will be sent to the next of kin. The publication explains the benefits which may be payable and provides an ***Application for Active Member/Non-Member Survivor Benefits*** (PERS-BSD-1167).

If an estimate is not provided, or if only lump sum benefits are payable, the PERS-BSD-1167 may serve as the claim form completed by the designated or statutory beneficiary. If there is a choice of monthly or lump sum benefit an election must be made on the PERS-BSD-1167. If the information provided in the initial PERS-BSD-1167, along with any designation on file, indicates the proper beneficiary remains to be contacted, a claim form will be sent to the proper beneficiary. Payment of death benefits will be as soon as possible after receipt of the claim form and copies of any other documents required (e.g., marriage, birth, or death certificates).

To determine the beneficiary(ies), CalPERS will check the file for a valid<sup>†</sup> ***Beneficiary Designation Form*** (PERS-BSD-241) (See Beneficiary Designations – Prior to Retirement). If a valid PERS-BSD-241 has been filed and if the member was eligible for retirement (at least age 50 with five or more years of service credit) the allowance payable to the surviving spouse/domestic partner will be reduced and the beneficiary(ies) designated will receive a one-time payment of the employee's community property share. If a PERS-BSD-241 is no longer valid or has not been filed, death benefits will normally be paid to the statutory beneficiary as follows:

- 1) If the member was eligible for retirement on the date of death:
  - a) Member's surviving spouse/registered domestic partner, if married or registered either one year before death or before illness or injury that caused the death, or if none;
  - b) Unmarried minor child.
- 2) If the member was not eligible for a monthly allowance:
  - a) Member's surviving spouse/registered domestic partner (whether or not still living together at the time of death); or, if none;
  - b) Natural and adopted children, including (in limited circumstances) a natural child adopted by another, share and share alike; or, if none;
  - c) Parents, share and share alike; or, if none;
  - d) Brothers and sisters, share and share alike; or, if none;
  - e) Member's estate (if probated, or subject to probate); or, if not;
  - f) Member's trust, if one exists; or, if not;
  - g) Stepchildren, share and share alike; or, if none;
  - h) Grandchildren, including step-grandchildren, share and share alike; or, if none;
  - i) Nieces and nephews, share and share alike; or, if none;
  - j) Great-grandchildren, share and share alike; or, if none;
  - k) Cousins, share and share alike.

<sup>†</sup> Any of the following life events will, by law, revoke a Beneficiary Designation (PERS-BSD-241):

- a. Marriage/Registration of Domestic Partnership.
- b. Dissolution or annulment of marriage/domestic partnership may require an updated Beneficiary Designation form. A designation filed after the initiation of a dissolution/annulment of marriage or partnership will NOT be revoked when the legal action is finalized.
- c. Birth or adoption of a child
- d. Termination of employment which results in a refund of contributions, or in payment of a monthly retirement allowance.

Following the member's death, a spouse/domestic partner may request a ***Disclaimer of Benefits*** form if he/she does not wish to receive their community property interest in the death benefits. If the ***Disclaimer of Benefits*** form is completed, then the entire Basic Death Benefit may be paid to the person(s) designated on the PERS-BSD-241, unless the member is survived by a minor child who would become the statutory beneficiary entitled to a monthly allowance.

**NOTE:**

Original documents (death certificate, marriage certificate, etc.) should NOT be sent to CalPERS. Only clear photocopies of these documents should be submitted. To expedite the death benefit payment process, ensure that the deceased member's Social Security Number appears in the top right corner of each photocopy so that the documents are associated with the correct file.

## RETIREMENT — GENERAL

### STEP-BY-STEP INSTRUCTIONS

For step-by-step instructions on completing the forms used to process a Service Retirement, please refer to the ***A Guide to Completing Your CalPERS Service Retirement Election Application*** (PUB 43) or visit the “Employer Forms and Publications Directory” on the CalPERS Web site.

### REQUEST FOR ESTIMATES OR COUNSELING

Members may wish to receive an estimate of their CalPERS retirement allowance. There are several important things members should know about CalPERS retirement estimates:

1. Members may receive immediate estimates by using the CalPERS On-line Retirement Planning Calculators, available on the CalPERS Web site, **[www.calpers.ca.gov](http://www.calpers.ca.gov)**. Using the online Retirement Planning Calculators allow members the flexibility to calculate an estimate using assumptions or projections anticipated by or known to the member, allowing them to determine the best retirement date based on these anticipated changes or projections. This is also the recommended service for members seeking retirement estimates greater than three years in the future. Since our CalPERS-generated estimates do not project future salary increases, changes in time base, or unreported special compensation, members may not find them useful.
2. CalPERS-generated retirement estimates are processed by the Member Services Division. These estimates use the payroll reported by the employer. However, actual final compensation may be different after payroll reconciliation and review; and will be based on compensation allowable by law. Members who are within three years of retirement may request a CalPERS-generated Retirement Estimate online, but first must register for an online User ID and Password on our CalPERS Web site. Or download, complete, and submit the ***CalPERS Retirement Allowance Estimate Request*** (MSD 470) also available online. Alternatively, a request

can be made by calling CalPERS at **888 CalPERS** (or **888-225-7377**).

3. All information on the PERS-MSD-470 must be completed before an estimate can be processed. Important: Please be sure the address and Social Security Number are legible.
4. Retirement benefit estimates will be mailed to the address indicated on the PERS-MSD-470 within 30 days of receipt of the request by CalPERS.
5. A request for an estimate is NOT an application for retirement. A ***Service Retirement Election Application*** (PERS-BSD-369-S) or ***Disability Retirement Election Application*** (PERS-BSD-369-D) must be submitted to apply for retirement. An application for retirement may not be used to request an estimate. If the member plans to retire in the near future, the employer should provide the member with our CalPERS publication ***Planning Your Service Retirement*** (PUB 1) and the CalPERS ***Local Miscellaneous Benefits*** publication (PUB 8) or the CalPERS ***Local Safety Benefits*** publication (PUB 9) or the CalPERS ***School Benefits*** publication (PUB 2). These publications provide additional benefits to consider in preparing for retirement.
6. Members are encouraged to attend a Retirement Planning Workshop prior to submitting their application for retirement. This workshop provides valuable information on planning for retirement. The latest schedules and descriptions of all classes offered are located in the CalPERS Education Center on the CalPERS Web site at **[www.calpers.ca.gov](http://www.calpers.ca.gov)** or you may contact CalPERS at **888 CalPERS** (or **888 225-7377**) to obtain further information.

### WHEN TO APPLY

An application for retirement should be forwarded to the Benefit Services Division not more than 90 days prior to the desired effective retirement date.



**NOTE:**

A disability retirement application should be submitted as soon as a medical condition becomes disabling and prior to the expiration of benefits to ensure the member is eligible for the earliest effective date possible.

This advance notice permits CalPERS to make calculations and begin payments on a timely basis. Members should be advised of this and encouraged to mail their applications to:

**CalPERS**

Benefit Services Division  
P.O. Box 942711  
Sacramento, CA 94229-2711

**ADDITIONAL NOTES FOR SUBMITTING FORMS**

If the application is submitted by fax to the Benefits Services Division, DO NOT send the original hard copy application.

Do NOT submit any original certificates (Marriage, Birth, Death, etc.). Send only photocopies of important documents, as CalPERS cannot return original documents. Each page should have the member's Social Security Number for identification.

If the application was received within nine months after discontinuance of employment, or, in the case of retirement for disability, if the member was physically or mentally incapacitated to perform his or her duties within nine months from the date the member discontinued state service, the effective date of retirement will be the day following the last day of payroll.

In the case of an application for retirement filed with the Board more than nine months after discontinuance of the member's state service, the effective date shall be the first of the month in which the member's application was received at an office of the Board or by an employee of this system designated by the Board.

**WHO MAY APPLY**

**SERVICE RETIREMENT**

A public agency member who has reached age 50 and has earned at least five years of credited service may submit an application for retirement. Local members with service credit under the State Second Tier formula must have at least 10 years

of credited service to have the Second Tier service included in their retirement calculation. The application must show a definite retirement date and be submitted by the member. It is the employee's responsibility, not the employer's, to see that the retirement application is sent to the System.

**NOTE:**

If the member is employed in an overtime position or multiple positions with CalPERS employers, the member **MUST** separate from all employment to retire, even though they may not be receiving service credit for one or more of the positions.

**NOTE:**

A member who is employed on a permanent part-time basis and has worked at least five *calendar* years may be eligible to retire with less than five years of credited service. *Full time employees must work* 10 months of full-time employment or 1,720 hours to equal one year of CalPERS service credit. The retirement benefit the member will receive will be based on their actual service credit amount. (G.C. section 20970)

**DISABILITY OR INDUSTRIAL DISABILITY RETIREMENT**  
Please refer to the instructions found under "Disability Retirement or Industrial Disability Retirement" in this section of the handbook.

**REQUESTING ADDITIONAL SERVICE CREDIT**

All requests for service credit cost information must be received prior to the member's effective retirement date. The retirement date can be no earlier than the day following receipt of the request by CalPERS. Therefore, it is important that the member request any additional service credit information well in advance of his/her retirement to avoid possible delays in the retirement date. ***A Guide to Your CalPERS Service Credit Purchase Options*** (PUB 12) can be requested by employers via email from CalPERS Central Receiving at [Public\\_Agency\\_Requests@calpers.ca.gov](mailto:Public_Agency_Requests@calpers.ca.gov) or downloaded from the CalPERS Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov). Service credit questions should be directed to:

**CalPERS**

Customer Account Services Division  
P.O. Box 942704  
Sacramento, CA 94229-2704  
**888 CalPERS** (or 888-225-7377).

## **CANCELLATION OF RETIREMENT APPLICATION**

If a member desires to cancel the service retirement application or defer retirement to a later date, the member must request to do so prior to the issuance date of the first full monthly payment. For cancellation of disability retirement, refer to the instructions found under the "Disability or Industrial Disability" section. A cancellation is binding; the member must thereafter re-apply whenever the member is ready to retire.

1. Once the first full monthly payment has been issued, the member will not be allowed to cancel the retirement.
2. A member may request a refund of accumulated contributions in writing in lieu of retirement prior to the issuance of the first full monthly payment.



## SERVICE RETIREMENT

### MINIMUM REQUIREMENTS FOR SERVICE RETIREMENT

A member shall be retired for service upon written application if the member has reached the minimum retirement age and has earned at least five years of credited service. Minimum retirement age is 50 for public agency and school members. Local members with service credit under the State Second-tier retirement plan must have at least 10 years of credited service to have the State Second-tier service used in their retirement calculation.

### SERVICE RETIREMENT PROCESSING — DOCUMENT SEQUENCE

1. **BSD-369-S — Service Retirement Election Application** is received in the System from the member.

Please note that if the member is married or in a domestic partnership but is not able to obtain the spouse's or domestic partner's signature on the **Service Retirement Election Application** form they must complete a **Justification for Absence of Spouse's or Domestic Partner's Signature** (BSD-800-A).

The application package includes information regarding required marriage/domestic partnership, and birth date evidence. Do not submit any original certificates. Send only photocopies of important documents, as CalPERS cannot return original documents. Each page of all documents submitted to CalPERS should reflect the member's Social Security Number for identification.

**Direct Deposit Authorization** form (BSD-1199-P) can also be submitted with the election application form. This form can be downloaded by visiting the CalPERS Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov).

2. Employer Certification of unused sick leave hours is included in Section 7 of the **Service Retirement Election Application** (BSD-369-S) and must be completed before the member submits the application to CalPERS. To receive sick leave credit, the member's retirement date must be within 120

days from the date of separation from the employer granting the sick leave. If an employer needs to correct the certified amounts please use the **Amended Employer Certification** form (BSD-200A).

Service credit for unused sick leave is a mandated benefit for public agencies that participate in risk pools. For all others, it is an optional benefit.

### CONVERSION OF SICK LEAVE CREDITS

All employees, regardless of their work schedule (6.6 hours, 4/10/40, 9/8/80, 52 hour, etc.) will have any accumulated unused hours of sick leave service credit divided by eight to determine the number of days to report to CalPERS for the purposes of enhancing the retirement benefit. No exceptions.

**NOTE:** Sick Leave must be reported in days only. Employers can take whatever in-house procedures they desire to ensure appropriate sick leave/educational leave days are reported. For instance, the employee's sick leave can be taken off the books the day the certification is completed.

Sick leave is converted to service credit by:  
days of reported sick leave X .004 = service credit. Example: 35 days X .004 equals .140 years of service credit.

**NOTE:** The accrual of sick leave credits must be consistent for members of the same group or class who work like or similar hours. Service credit, which was not earned through the "accrual of sick leave" policy, may not be credited on an individual basis for the purposes of enhancing the retirement benefit. Unused sick leave for which a member receives compensation, (sick leave cash out) should not be reported to CalPERS for purposes of enhancing the retirement benefit.

3. **BSD-451-A — Member Acknowledgment Letter** is sent to the member within 5-10 days of receipt of the **Service Retirement Election Application** in our Sacramento Headquarters office letting them know we have begun processing the request. If the member does not receive an acknowledgment letter within 10 days they should contact CalPERS immediately. See copy on pages that follow.

4. **BAS-11 — Notice of Benefit Approval** will be sent to the member prior to receipt of the first retirement check. This letter provides the date of the first retirement check, the amount the member can expect to receive and important income tax information. See copy on pages that follow.

**NOTE:**

The member must notify CalPERS prior to the issuance of their first full benefit payment if any changes need to be made in their benefit option election, beneficiary or retirement date.

5. **BSD-11A — Account Detail Information Sheet** is an attachment to the BAS-11, which explains the data used to calculate the member's retirement allowance. See copy on pages that follow.
6. **BAS-62 — Notice of Placement on Retirement Roll** is sent to the employer after the employee is placed on the retirement roll. The PERS-BAS-62 provides the employer with the employee's last day on payroll and the number of sick leave days that were included in the employee's retirement calculation. If all of the information is correct, then no action is needed.

**NOTE:**

The PERS-BAS-62 is mailed to the employer prior to the issuance of the member's first retirement check, but usually after the member's separation date. See copy on pages that follow.

7. **BSD-200 — Requested Employer Certification** form must be requested and completed by the employer if the retirement application is sent to CalPERS without the certification section completed. An adjustment will be completed upon receipt of the form. See copy of pages that follow.

8. **BSD-200A — Amended Employer Certification** form can be used by employers that wish to submit corrected certification information. An adjustment will be completed upon receipt of the form. Contact CalPERS for a copy of this form. See copy on pages that follow.

**NOTE:**

For future employment of the retiree, please refer to the section on Employment of a Retiree and the section on Reinstatement from Retirement.

MEMBER ACKNOWLEDGMENT LETTER PERS-BAS-451-A



BENEFIT SERVICES DIVISION  
P.O. Box 942711  
Sacramento, CA 94229-2711  
888 CalPERS (or 888-225-7377)  
TDD - (916) 795-3240; FAX - (916) 795-3933

Reply to Section 425  
Refer to No.

May 4, 2011

Dear \_\_\_\_\_ :

Congratulations on your decision to retire! This letter is to acknowledge receipt of your application for service retirement effective April 9, 2011.

If you are currently enrolled in a CalPERS basic health plan you may continue your health insurance into retirement. Please contact your personnel office to ensure your health benefit coverage is active until your retirement processing is completed.

You may be entitled to receive a disability retirement if you are unable to work because of an illness or injury. To request a service pending disability retirement, you must complete a Disability Retirement Election Application. Please note that your retirement date cannot be earlier than the day following your last day on pay status.

CalPERS will send you a letter providing the date of your first retirement check, the amount you can expect to receive, and important income tax information. This letter is usually sent after you have separated from employment but before you receive your first retirement benefit check. Changes to the benefit option election you make, beneficiary you designate, or the retirement date you request, cannot be made after you receive your first full retirement benefit check.

Quality service is a high priority at CalPERS. We look forward to assisting you and making your transition into retirement a smooth and pleasant experience. Any changes to your mailing address should be reported to us immediately. Please direct any questions about your retirement to the above address or telephone number.

Retirement Calculation and Adjustments

OSBNL11C



**BENEFIT SERVICES DIVISION**  
P.O. Box 942711  
Sacramento, CA 94229-2711  
**888 CalPERS (or 888-225-7377)**  
TDD - (916) 795-3240; FAX - (916) 795-3933

**Reply to: Section 414**  
**Refer To:**

May 4, 2011

**YOUR SERVICE RETIREMENT ALLOWANCE:**

Your election to receive the Unmodified Allowance has been processed. Your monthly retirement benefit is \$1,204.89 based on your retirement date of 04/01/2011. This amount does not include any deduction you have authorized this system to make. Your first regular warrant will arrive on or shortly after 06/01/2011 and will cover the period of 05/01/2011 through 05/31/2011. Your retroactive warrant will be issued on 05/17/2011, and will cover the period of 04/01/2011 through 04/30/2011. Your future retirement warrants will be mailed to arrive on or shortly after the first of the month following the month to which they apply.

Please endorse and cash or deposit each warrant promptly. Unless direct bank mailings are authorized, your personal endorsement is required. If you have requested direct deposit, it will take effect in 30 to 60 days.

Your retirement allowance shown above is an approximation of the amount you are eligible to receive. An adjustment to your account, if needed, to reflect an increase in service (i.e. Golden Handshake service credit), a change in retirement date, or increase in salary will be completed after final payroll information has been received. Any questions concerning an adjustment or pertaining to your future retirement benefits should be directed to the Benefit Services Division, P.O. Box 942711, Sacramento, CA 94229-2711 or by telephoning toll-free **888 CalPERS (or 888-225-7377)**.

**BENEFICIARY/SURVIVOR ALLOWANCE:**

Upon your death, benefits will be paid to your beneficiary in accordance with the designation indicated on your retirement election document. If you elected a benefit which requires marriage, domestic partnership, and/or birth documentation and you have not submitted these documents, please send them immediately to the Benefit Services Division. If the documents are not on file at the time of your death, it may be necessary to delay payment of benefits to your beneficiary.

Upon a qualifying life event after retirement, you may modify your election to Option 1, 2, 2W, 3, 3W, or 4 and name a new beneficiary. For more information on modification of election, request CalPERS publication, **"Changing Your Beneficiary or Monthly Benefit After Retirement"**.

PAS313/OSBNL11C  
OSPA313D



**BENEFIT SERVICES DIVISION**  
P.O. Box 942711  
Sacramento, CA 94229-2711  
**888 CalPERS** (or 888-225-7377)  
TDD - (916) 795-3240; FAX - (916) 795-3933

SSA#:  
Retirement Date:  
Age at Retirement:  
Beneficiary Date of Birth:

## ACCOUNT DETAIL INFORMATION SHEET

The following is the data used to calculate your retirement allowance. Any change in the information reflected below could result in a change to your retirement benefit. An adjustment to your account, if needed, will be completed after final payroll information has been received from your employer.

EMPLOYER NAME	TYPE OF SERVICE	YRS OF SERVICE	FORMULA / BENEFIT FACTOR	FINAL COMP
PASO ROBLES	NORMAL SERVICE	8.148	2% @ 55 / 2.418	4,237.32
ST PRISON AVENL	NORMAL SERVICE	1.660	2.5%@55 / 2.500	4,237.32
ST PRISON AVENL	NORMAL SERVICE	1.833	2.5%@55 / 2.500	4,237.32

Final compensation is your highest average monthly pay rate for the last consecutive 12 or 36 months of employment based on your employer's contract. If your service was coordinated with Social Security, we subtracted \$133.33 from the final comp amount shown above, before determining your benefit.

Retirement Eligibility and Payment Section  
Benefit Services Division

BSD-11A (8/01)

PAS313 / OSBNL11C  
OSP2313V



BENEFIT SERVICES DIVISION  
P.O. Box 942711  
Sacramento, CA 94229-2711  
888 CalPERS (or 888-225-7377)  
TDD - (916) 795-3240; FAX - (916) 795-3933

To:

Reply to Section 414  
Refer to No. 00  
May 4, 2011

From: Benefit Services Division  
California Public Employees' Retirement System

Subject:

Notice of Placement on Retirement Roll:

This is to advise you that the employee named above has been placed on our 05/2011 Service Retirement Roll with an effective date of 04/19/2011, separation date of 01/31/2006 and last day on payroll of 01/31/2006. If all of this information is correct, no action is needed.

The employee must be separated from employment at least one day prior to the effective date of retirement. Please complete and submit the Amended Employer Certificate Form (BSD-200A) immediately if any of the above-listed information is incorrect. This form can be accessed online at [www.calpers.ca.gov](http://www.calpers.ca.gov) in the Employers area under Employer Forms & Publications Directory. An adjustment to the employee's retirement allowance will be completed once we receive the amended form.

For information regarding Benefit Procedures, please refer to your 'CalPERS Procedure Manual' or 'State Handbook.'

PERS-BAS-62

PAS313/OSBNL11C  
OSPA3137





## California Public Employees' Retirement System

### REQUESTED EMPLOYER CERTIFICATION

An employer certification is required to complete processing of the application for retirement for the member named below. The information requested is necessary to accurately adjust the member's retirement allowance. Please complete this form and return it immediately so processing can continue.

<b>TO: CALPERS</b> <b>P.O. BOX 942711</b> <b>SACRAMENTO, CA 94229-2711</b>	From Agency Code and Name	
Member Name	Social Security Number	Retirement Date

Employee's Last Day on Payroll _____ / _____ / _____	Employee's Separation Date _____ / _____ / _____					
Balance of unused sick leave hours _____ ÷ 8 = _____ days Balance of educational leave hours _____ ÷ 8 = _____ days						
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center; vertical-align: bottom;">           _____  <b>Employer Signature</b> </td> <td style="width: 50%; text-align: center; vertical-align: bottom;">           _____  <b>Date</b> </td> </tr> <tr> <td style="width: 50%; text-align: center; vertical-align: bottom;">           _____  <b>Title</b> </td> <td style="width: 50%; text-align: center; vertical-align: bottom;">           _____  <b>Telephone Number</b> </td> </tr> </table>			_____ <b>Employer Signature</b>	_____ <b>Date</b>	_____ <b>Title</b>	_____ <b>Telephone Number</b>
_____ <b>Employer Signature</b>	_____ <b>Date</b>					
_____ <b>Title</b>	_____ <b>Telephone Number</b>					

BSD-200

California Public Employees' Retirement System  
[www.calpers.ca.gov](http://www.calpers.ca.gov)



## California Public Employees' Retirement System

### AMENDED EMPLOYER CERTIFICATION

<b>TO: CALPERS</b> <b>P.O. BOX 942711</b> <b>SACRAMENTO, CA 94229-2711</b>	<b>From Agency Code and Name</b>	
<b>Member Name</b>	<b>Social Security Number</b>	<b>Retirement Date</b>

<b>Employee's Last Day on Payroll</b>  /       /	<b>Employee's Separation Date</b>  /       /				
Balance of unused sick leave hours _____ ÷ 8 = _____ days					
Balance of educational leave hours _____ ÷ 8 = _____ days					
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> _____  <b>Employer Signature</b> </td> <td style="width: 50%; text-align: center;"> _____  <b>Date</b> </td> </tr> <tr> <td style="width: 50%; text-align: center;"> _____  <b>Title</b> </td> <td style="width: 50%; text-align: center;"> _____  <b>Telephone Number</b> </td> </tr> </table>		_____ <b>Employer Signature</b>	_____ <b>Date</b>	_____ <b>Title</b>	_____ <b>Telephone Number</b>
_____ <b>Employer Signature</b>	_____ <b>Date</b>				
_____ <b>Title</b>	_____ <b>Telephone Number</b>				

BSD-200A

California Public Employees' Retirement System  
[www.calpers.ca.gov](http://www.calpers.ca.gov)



## DEDUCTIONS AFTER RETIREMENT

### HEALTH INSURANCE

For public agencies covered under the Public Employees' Medical and Hospital Care Act, enrollment of a member is continued without change when the member retires. Coverage will continue into retirement if the individual is enrolled at the time of separation from employment and their effective date of retirement is within 120 days of separation. For questions on health insurance benefits, please refer to the **Health Benefits Procedure Manual for Public Agencies**. Direct Authorization may be established for automatic deduction of payments for health insurance administered by CalPERS as well as life insurance premiums, union dues, credit union payments or shares, or contributions to charitable organizations.

#### NOTE:

Most deductions will stop at retirement and will need to be re-established.

### GENERAL PROCEDURES FOR DIRECT AUTHORIZATION OF HEALTH/LIFE INSURANCE

1. The agency determines the eligibility of the member to continue such coverage into retirement and forwards the authorization form to the carrier, not to CalPERS. This form must be signed by the member.
2. The carrier must then authorize the deductions by sending CalPERS a special deduction authorization form. Premiums will be deducted only as authorized by the carrier. Any additions, changes, or cancellations must be submitted to CalPERS by the carrier.
3. Normally, the carrier will require two (2) months premiums in advance to provide CalPERS with adequate time to process the deduction.

### OTHER DIRECT AUTHORIZATIONS

Direct authorization deductions for union dues, credit union payments or shares, or charitable organizations may be established provided that:

1. The organization has contracted with CalPERS to provide this service (members must contact the organization for this information);
2. The member authorizes to have money deducted through the organization;
3. The organization submits the authorization directly to CalPERS; and
4. Authorized deductions are stopped or changed upon receipt of written authorization from the organization.

CalPERS function is limited to the mechanics of deducting and determining what deduction authorization is proper. Inquiries concerning these types of "other deductions," should be directed to the organization.

### INCOME TAX WITHHOLDING

Federal and California State income tax deductions will be withheld from monthly or lump sum benefit payments unless the annuitant specifically elects no tax withholding. Federal (W4P), and California State (DE4P) tax withholding forms must be completed to elect either a specific dollar amount of withholding, a withholding based on tax tables, or specifically elect no tax withholding. If the election form is not filed with CalPERS, automatic withholding begins based on a married person with three (3) exemptions. Any questions retirees have concerning the taxability of their allowance should be directed to the Internal Revenue Service or California State Franchise Tax Board.

### PAYMENTS FOR PURCHASING SERVICE CREDIT

A member who previously elected to purchase public service credit, redeposit contributions for service credit, or has arrears contributions, may elect upon retirement to continue any payments due into retirement. In such cases, service credit will be included in the retirement calculation and a monthly payment will be taken from the member's retirement allowance. Any balance still unpaid upon the member's death shall be deducted from death benefits otherwise payable.

A retired member's survivor entitled to a monthly survivor allowance may elect to continue such deductions from the monthly allowance in lieu of the lump sum payment otherwise required. The following criteria must be adhered to:

1. No installment payments (deductions) are permitted unless an election has been made prior to retirement.
2. Death benefits against which unpaid balances may be deducted include the lump sum benefit, survivor continuance benefits, and payments under all optional settlements.

### **SOCIAL SECURITY INSTRUCTIONS**

Members having Social Security coverage, integrated with System coverage, should contact their local federal Social Security Office about three months before their retirement.

Reference material needed by the Social Security Office will be: Social Security Number, name of the employer, and documentary proof of birth.

### **TEMPORARY ANNUITY PAYMENTS**

Members who are retiring for service can elect to receive an additional monthly allowance from CalPERS. The benefit is payable from retirement date to a specific age that the member selects; 59 1/2 or any whole age from 60 to 68, along with the dollar amount they wish to receive. For members entering CalPERS membership on or after January 1, 2002, their employment must be in a position covered by Social Security and the maximum dollar amount that can be received is the amount of their potential Social Security benefit at whole age 62 to 70. This benefit is not free. The member's CalPERS lifetime allowance is reduced to pay for the temporary annuity.

The publication ***Temporary Annuity*** (PUB 13) can be requested by employers via email from CalPERS Central Receiving at [Public\\_Agency\\_Requests@calpers.ca.gov](mailto:Public_Agency_Requests@calpers.ca.gov). Member questions on the program can be directed to any of the CalPERS regional offices listed in the appendix chapter of this manual or:

**CalPERS**  
Benefits Services Division  
P.O. Box 942711  
Sacramento, California 94229-2711

**888 CalPERS** (or 888-225-7377).

## DISABILITY RETIREMENT AND INDUSTRIAL DISABILITY RETIREMENT

You should maintain a supply of ***A Guide To... Completing Your CalPERS Disability Retirement Election Application*** (PUB 35), which includes the disability retirement application, forms to be completed with step by step instructions and important information regarding disability and/or industrial disability retirement. Please familiarize yourself with the information in the publication to provide assistance to your employees.

### DISABILITY RETIREMENT

Retirement for disability, available to all members (miscellaneous, industrial and safety classifications) credited with five or more years of service, is retirement resulting from mental or physical incapacity for the performance of the usual duties. The injury or disease causing the incapacity need not be job-related.

#### NOTE:

A member who is employed on a permanent part-time basis and has worked at least five years may be eligible to retire with less than five years of credited service. (Full time employees must work 10 months of full time employment or 1,720 hours to equal one year of CalPERS service credit.) The retirement benefit the member will receive will be based on their actual service credit amount. (G.C. section 20970)

### INDUSTRIAL DISABILITY RETIREMENT

Retirement for industrial disability, available to all safety members and those miscellaneous members covered under G.C. section 21151, is retirement resulting from mental or physical incapacity for the performance of the usual duties. The disabling injury or disease must be work-incurred or job-related. Age, service and contributions are not considered for qualifying purposes.

### WHEN TO APPLY

The application for disability retirement shall be made only (1) while a member is in local agency service or (2) for a member whose contributions will be made under G.C. section 20997, and is absent on military service, or (3) within four months after the discontinuance of the local agency service of the member, or while on approved leave of absence, or (4) while the member is physically or mentally

incapacitated to perform his/her duties from the date of discontinuance of local agency service to the time of application or motion.

As soon as it is believed the member is unable to perform the job because of an illness or injury, which is expected to be permanent, or last longer than six months, the member or someone on the member's behalf, should submit an application for disability retirement. The medical condition does not have to be "permanent and stationary" under Workers' Compensation to submit the application.

### EMERGENCY RETIREMENT

CalPERS can expedite retirement processing for members who are facing a terminal illness. If this is the case, CalPERS should be contacted immediately to discuss an emergency retirement. We will make every effort possible to quickly obtain the necessary information and complete our processing. However, for any post-retirement death benefits to be paid, the member must be living on the effective date of retirement.

### WHO CAN APPLY

Application for disability, or industrial disability, retirement may be made by the member, by a duly authorized official of the employing agency, or any person on behalf of the member. "Duly authorized official" is defined in G.C. section 21152(a)(b)(c).

G.C. section 21153 provides that the employer may not separate a member because of disability who is otherwise eligible to retire for disability. The employer must apply for the disability retirement of such member unless the member waives the right to retire for disability and elects to either withdraw his contributions or leave them in the fund for a future service retirement.

## EMPLOYER ORIGINATED APPLICATION

When an employer is submitting the **Disability Retirement Election Application** (PERS-BSD-369-D) on the member's behalf, the following sections must be completed.

- |            |                                                                                                                                              |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Section 1  | Member Information                                                                                                                           |
| Section 2  | Retirement Information – only complete the employer name and member's position title.                                                        |
| Section 3  | Workers' Compensation Information                                                                                                            |
| Section 4  | Disability Information                                                                                                                       |
| Section 9  | Employer Certification                                                                                                                       |
| Section 12 | Employer-Originated Application – Signature must be made by the Duly Authorized Official on file with CalPERS or processing will be delayed. |

The employer should not complete Section 5 (Option Election), Section 6 (Retired Death Benefit), Section 7 (Survivor Continuance), Section 8 (Employee Section-last day on payroll), Section 10 (Tax Withholding Election), and Section 11 (Member Signature & Notary). A Supplemental Retirement Information form will be sent to the member for the additional information once the disability is approved by CalPERS.

The form, **Disability Retirement Election Application** (PERS-BSD-369-D) is available for downloading on the CalPERS Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov) or contact CalPERS at **888 CalPERS** (or 888-225-7377).

## WHAT TO SUBMIT WITH APPLICATION

The following documentation should be submitted with the application the employer files on behalf of the member:

- Job Duty Statement
- Physical Requirements of the Position/Occupational Title form
- Personnel Records
- Adverse Actions
- Investigation Reports
- Medical Information to Support Application (Fitness for Duty reports, doctor notes, etc.)

### NOTE:

Only an employer can cancel an Employer Originated Application.

## LOCAL SAFETY MEMBERS

Safety members submit applications for disability retirement on the **Disability Retirement Election Application** (PERS-BSD-369-D). Local safety members are not required to complete Section 3 (Workers' Compensation Information) and Section 4 (Disability Information) on the application.

## APPLICATION ACKNOWLEDGEMENT

Upon receipt of a request for disability retirement, the System will contact the member and employer, acknowledging receipt of the application.

CalPERS business practices have changed to an automated process for the disability and industrial disability retirement applications. CalPERS will continue to notify the employer of the member's request for disability or industrial disability retirement; however, a copy of the retirement application will no longer accompany the letter.

## THE DETERMINATION

In accordance with G.C. section 21156, a local safety member shall be retired for disability only upon the employer's determination that the member is incapacitated physically or mentally for the performance of the usual job duties with the current employer.

The disability decision is based upon competent medical opinion and all medical and vocational information provided by the member, employer and workers' compensation carrier. The determination is based on actual/present disability, not prospective inability to perform the job duties.

The determination must be made within six months of the CalPERS request for such determination in accordance with G.C. section 21157.

Failure to provide this determination within six months places your agency in violation of G.C. section 21157. As a contracting agency of

CalPERS, you are the statutory delegate with authority to perform the function of disability determinations for your local safety employees, within the time frame specified by law. However, the member may waive this requirement.

The employer will determine if the disability is industrial, except that in disputed cases the agency, or the member, may refer the matter to the Workers' Compensation Appeals Board for a determination of industrial causation.

## EFFECTIVE DATE OF RETIREMENT

The member's effective date of retirement without the member's consent cannot be earlier than the termination of the employee's leave of absence without loss of salary under Labor Code Section 4850 (L.C. section), or when disability is permanent and stationary as found by the Workers' Compensation Appeals Board, if earlier. (G.C. section 21164)

## INDUSTRIAL DISABILITY ALLOWANCE

Generally, the industrial disability retirement allowance of a local safety member will be 50% (or more by additional contract provisions) of final compensation. Please refer to your Annual Employer Statement for a complete list of provisions in your agency's contract. You can view your Annual Employer Statement in ACES or request a copy by calling the CalPERS Customer Contact Center at **888 CalPERS** (or **888-225-7377**).

**NOTE:** If the member is eligible for service retirement, the service retirement allowance is payable if greater than the industrial disability retirement allowance.

## LOCAL AGENCY DETERMINATION PROCEDURES

Before the Retirement System can act on any local safety member's application for disability retirement, the following questions must be resolved by the agency and the information transmitted to CalPERS in the form of a Resolution or determination letter:

1. Is the member substantially incapacitated from performing the usual duties of the position?
2. If incapacitated, will the incapacity exist for a permanent or extended and uncertain duration of six months or longer?

It is the agency's responsibility to order a medical examination and obtain such evidence as is necessary to make a determination.

Such evidence may be obtained from the Workers' Compensation insurer. On the basis of its accumulated evidence, the agency must determine whether the member is disabled within the meaning of the Public Employees' Retirement Law.

This determination must be made within six months from the date of the CalPERS request for such determination. Also, the agency must bear the responsibility for any investigation of retired members for possible reinstatement action.

3. If a determination is made that the member is disabled, is the disability considered "industrial"?

Industrial means disability as a result of injury or disease arising out of and in the course of employment as a local safety member (G.C. section 20046). If there is no application filed with the Workers' Compensation Appeals Board for a determination pursuant to G.C. section 21166, the agency is required to provide the determination of industrial causation.

If either the member or agency applies to Workers' Compensation Appeals Board for a determination, only that Board can decide the "industrial" question (G.C. section 21166).

A copy of this decision must be sent to CalPERS. CalPERS will assume that the findings are not disputed, and will proceed accordingly, unless the agency notifies CalPERS that a Petition for Reconsideration has been filed.

4. What is the last day of compensation?
5. What is the effective date of retirement?

The retirement effective date is established in accordance with G.C. sections 21163 and 21164. These sections state that the member's retirement, without the member's consent, cannot be effective until:

- a. The expiration of accrued sick leave or compensating time off, unless, with respect to such leave, the provisions of local ordinances or rules of the employer provide to the contrary; and/or



- b. The termination of the employee's fully compensated leave of absence under L.C. section 4850; and/or
- c. An earlier date during the leave when the disability is found to be permanent and stationary by the Workers' Compensation Appeals Board.

CalPERS will require the agency determining the member's disability to provide information necessary for CalPERS to determine the effective date. The member should not be kept on payroll to exhaust accrued vacation once a disability determination has been made. G.C. section 21252 may also apply.

**NOTE:**

Under L.C. section 4850, the leave cannot end earlier than one year unless the disability is determined to be permanent and stationary by the Workers' Compensation Appeals Board and the member will be receiving advanced disability pension payments — paid by the employer. See "Advanced Disability Pension Payments."

- 6. Is there any third party liability related to the injury which caused the disability?

CalPERS requires that the agency file an accident report along with its decision as to the possibility of any third party liability. The reason for this information is that CalPERS will retain its rights of subrogation in disability cases.

- 7. If the member is found to be disabled due to a mental disorder, is the member competent to act on his/her own behalf in legally binding retirement matters?

The agency must certify this information to CalPERS before a warrant can be issued to the member.

If a determination is made that the member is not disabled, the agency must notify the member and CalPERS. Notification to the member of their right to appeal the agency's decision and request a hearing within a designated number of days from the date of the notice, shall be by certified mail, return receipt requested, or by personal service.

If the member appeals the determination, the agency is required to comply with the Administrative Procedures Act (APA) in the disability retirement determination process.

## **ADVANCED DISABILITY PENSION PAYMENTS (ADPP)**

Employers must make "advanced disability pension payments" to safety members who have qualified for benefits under L.C. section 4850 and have submitted an application for industrial disability retirement, until the member begins receiving their retirement benefits directly from CalPERS, or the application for disability retirement is denied.

Employers must commence ADPP no later than 30 days from the date of the last payment of salary/ wages, benefits under L.C. section 4850 or sick leave. Employers are required to commence ADPP when the employee files an application for disability retirement at least 60 days prior to the payment of ADPP and cooperates with providing medical information, attending medical examinations and the evaluation process established by CalPERS.

The 30 day period for the commencement of ADPP shall be tolled by whatever period of time is directly related to the employee's failure to apply for disability retirement or full cooperation with the process.

**NOTE:**

ADPP cannot be paid to members who are receiving a service retirement allowance.

Contact CalPERS before paying ADPP if the member has applied for Service Retirement pending Industrial Disability Retirement.

When a safety member begins receiving ADPP, any payments made under L.C. Section 4850 are discontinued. CalPERS will notify the employer prior to the member being placed on the retirement roll. The ADPP is then stopped.

When CalPERS begins paying the disability retirement allowance to the member, the amount of the ADPP the employer paid to the member will be deducted from the retroactive portion of the member's retirement allowance. If the retroactive portion does not cover the total amount, CalPERS will reduce the member's monthly allowance by as much as 10% until the balance has been paid. (G.C. section 21419)

ADPP is not considered compensation for retirement purposes. (G.C. section 20630)

The local safety employer is required to pay ADPP until the employee is approved or disapproved for a disability retirement allowance, only if the employee meets specified conditions set forth in L.C. section 4850.4. If an employee's disability retirement application is denied, the local agency and the employee shall arrange for the employee to repay all ADPP.

Advanced disability pension payments shall not exceed 50% of the average monthly pay rate for the last three years prior to retirement. If the member plans to choose an optional settlement, the ADPP should be reduced accordingly. (L.C. section 4850.3)

### COMMUNITY PROPERTY CLAIMS

In a situation where a community property claim has been filed against a member's account, it is recommended that your agency reduce the ADPP to 25% of the member's average monthly pay rate for the last three years prior to retirement. If CalPERS has notified your agency of the existence of a community property claim and the non-member spouse is awarded a portion of the member's monthly allowance, the amount awarded to the non-member spouse will be paid from the retroactive portion of the member's retirement allowance before the ADPP is reimbursed to your agency.

If the member's remaining retroactive portion is not sufficient to cover the ADPP, the member's share of the allowance will be reduced by 10% until the total ADPP has been repaid. If the application for disability retirement is denied, the employee is responsible for reimbursing the employer the amount of ADPP received and any repayment plan is decided between the employer and employee.

Since retirement allowances are paid monthly, CalPERS would prefer that the employer make advanced disability pension payments monthly. ADPP should be paid for the preceding month. If the retirement effective date is a day other than the first of the month, the member is entitled to receive retirement pay from the retirement effective date until the end of the month.

Example:

Retirement Date	Portion of Monthly Allowance to be paid by Employer as ADPP
March 5	27 out of 31 days (27/31)
September 30	1 out of 30 days (1/30)

Please include in the Resolution or determination letter to CalPERS the following information:

1. Whether or not advanced disability pension payments will be made;
2. Amount of monthly advanced disability pension payment;
3. Amount of the first payment, if retired date is other than the first of the month;
4. Address to send the reimbursement check.

### TRANSMITTAL OF THE AGENCY'S DETERMINATION

The following resolutions are samples that may be used by your agency in transmitting the required information to CalPERS. All resolutions should state whether or not the employer will be making advance disability pension payments to the member.

**RESOLUTION NO. 1**  
**DETERMINATION OF A MEMBER'S DISABILITY BY THE GOVERNING BODY**

Instructions:

1. If the finding is that the member is not disabled, use only this resolved clause.
2. If the finding is that the member is disabled, use this clause to state whether or not the disability was a result of injury or disease arising out of and in the course of employment.
- 3A. If the finding is that the member is disabled, use this clause if neither the member nor the agency seeks a determination by the Workers' Compensation Appeals Board, pursuant to G.C. section 21166.
- 3B. Use this clause if a petition has been or will be filed by either party.
- 4A. In the determination of the retirement effective date, use this clause if no dispute exists.
- 4B. In the determination of the retirement effective date, use this clause if the Workers' Compensation Appeals Board has disputed the retirement effective date.
5. Use this clause to state that there is, or is not, a possibility of third party liability; i.e., whether or not the member's disability was caused by negligence or an intentional act of a party other than the employer.
6. Use this clause to state whether or not the member will be paid Advanced Disability Pension Payments, and if so, how much.
7. Use this clause to state the member's primary disabling condition. For psychiatric conditions, a clause stating whether or not the member is competent to act on his/her own behalf in legally binding retirement matters must be included.



**RESOLUTION NO. 1**

RESOLUTION OF

\_\_\_\_\_  
(governing body)

\_\_\_\_\_  
(agency)

(Section 21156, Government Code)

WHEREAS, the \_\_\_\_\_ (hereinafter referred to as  
(name of agency)

Agency) is a contracting agency of the California Public Employees' Retirement System;

WHEREAS, the California Public Employees' Retirement Law requires that a contracting agency determine whether an employee of such agency in employment in which he/she is classified as a local safety member is disabled for purposes of the California Public Employees' Retirement Law and whether such disability is "industrial" within the meaning of such Law;

WHEREAS, an application for \_\_\_\_\_  
(disability/industrial disability retirement)/(reinstatement from disability retirement)

of \_\_\_\_\_ employed by the Agency in the position of \_\_\_\_\_  
(member's name) (job title)

has been filed with the California Public Employees' Retirement System; and

WHEREAS, the \_\_\_\_\_ has reviewed the medical and  
(name of governing body)

other evidence relevant to such alleged disability;

**(1) NOW, THEREFORE, BE IT RESOLVED:**

That the \_\_\_\_\_ find and determine and it does hereby  
(name of government body)

find and determine that \_\_\_\_\_ (is)/(is not)  
(member's name)

incapacitated within the meaning of the California Public Employees' Retirement Law for performance of his/her duties in the position of \_\_\_\_\_; and

(job title)

**RESOLUTION NO. 1 (continued)**

**(2)** BE IT FURTHER RESOLVED THAT THE \_\_\_\_\_  
(name of governing body)

find and determine and it does hereby find and determine that such disability \_\_\_\_\_ a result of injury or  
(is) / (is not)

disease arising out of and in the course of employment.

**(3A)** Neither said \_\_\_\_\_ nor the agency \_\_\_\_\_  
has (member's name) (name of agency)

applied to the Workers' Compensation Appeals Board for a determination pursuant to G.C. section 21166 whether such disability is industrial.

**OR**

**(3B)** BE IT FURTHER RESOLVED THAT A PETITION \_\_\_\_\_  
(will be filed) / (has been filed)

with the Workers' Compensation Appeals Board for a determination pursuant to Section 21166, Government

Code; and a copy of such determination \_\_\_\_\_;  
and (is attached) / (will be provided when rendered)

**(4A)** BE IT FURTHER RESOLVED that the member was, or will be, separated from his/her employment in the  
position of \_\_\_\_\_ after expiration of his/her rights under Section 21164 Government  
(job title)

Code, effective \_\_\_\_\_ and that no dispute as to the expiration of such leave rights is  
(date)

pending. His/Her last day on pay status is \_\_\_\_\_.  
(date)

**OR**

**(4B)** BE IT FURTHER RESOLVED that the member was separated from his employment in the position of  
\_\_\_\_\_ effective \_\_\_\_\_ the date  
(job title) (date)

upon which the condition causing his/her disability became permanent and stationary as determined by the  
Workers' Compensation Appeals Board in the attached finding. His/Her last day on pay status is \_\_\_\_\_.  
(date)

**(5)** There \_\_\_\_\_ a possibility of third party liability.  
(is) / (is not)

**(6)** Advanced Disability Pension Payments \_\_\_\_\_ be made. (If payments will be made,  
(will) / (will not)  
provide amount and frequency.) The payments will be made \_\_\_\_\_ in the amount of  
(bi-weekly, monthly, etc.)

\$ \_\_\_\_\_ beginning \_\_\_\_\_.  
(amount) (date)

**(7)** The primary disabling condition is \_\_\_\_\_. (If condition is psychological,  
(condition)

add the following:) The member \_\_\_\_\_ competent to act on his/her own behalf in legally binding  
(is)/(is not)

retirement matters.

**RESOLUTION NO. 2**  
**DETERMINATION OF DISABILITY BY THE OFFICIAL DELEGATE**

This Resolution is made by an Official Delegate appointed by the Governing Body. The Governing Body delegates the authority to determine the disability with a written "Delegation of Authority" (Resolution No. 3). A copy of the "Delegation of Authority" (Resolution No. 3) should be attached to the Determination of Disability (Resolution No. 2)

Instructions:

1. If the finding is that the member is not disabled, use only this resolved clause.
- 2A. If the finding is that the member is disabled, use this clause to state whether or not the disability was the result of injury or disease arising out of and in the course of employment.
- 2B. If the finding is that the member is disabled, use this clause if a petition has been or will be filed by either party.
- 3A. In the determination of the retirement effective date, use this clause if no dispute exists.
- 3B. In the determination of the retirement effective date, use this clause if the Workers' Compensation Appeals Board has disputed the retirement effective date.
4. Use this clause to state that there is, or is not, a possibility of third party liability; i.e., whether or not the member's disability was caused by negligence or an intentional act of a party other than the employer.
5. Use this clause to state whether or not the member will be paid Advanced Disability Pension Payments, and if so, how much.
6. Use this clause to state the member's primary disabling condition. For psychiatric conditions, a clause stating whether or not the member is competent to act on his/her own behalf in legally binding retirement matters must be included.

**RESOLUTION NO. 2**

**(1)** Pursuant to the authority delegated to me by action of \_\_\_\_\_  
(governing body)  
of \_\_\_\_\_ (hereinafter referred to as Agency)  
(name of agency)  
dated \_\_\_\_\_, under Section 21173, Government Code, and after review  
of \_\_\_\_\_  
medical and other evidence relevant thereto, I hereby determine that \_\_\_\_\_  
(member's name)  
a local safety member of the California Public Employees' Retirement System, employed by the Agency  
\_\_\_\_\_  
(is)/(is not)  
incapacitated within the meaning of the California Public Employees' Retirement Law for performance of  
his/her duties in the position of \_\_\_\_\_ and  
(job title)

**(2A)** Pursuant to such authority I also determine that such incapacity \_\_\_\_\_ a result of injury or  
(is)/(is not)

disease arising out of and in the course of his/her employment as a local safety member. I certify that neither the Agency nor the member has filed a petition for determination under G.C. section 21166, to be made by the Workers' Compensation Appeals Board.

OR

**(2B)** A petition for determination under G.C. section 21166 whether such disability is the result of injury or disease arising out of and in the course of his/her employment by the Agency, in which he/she was a local safety member, has been filed with the Workers' Compensation Appeals Board. A certified copy

of such a determination \_\_\_\_\_  
(is attached)/(will be provided when rendered)

**(3A)** I hereby certify that the member was separated from his/her employment in the position of \_\_\_\_\_  
(job title) after expiration of his/her leave rights under

Section 21164, Government Code, effective \_\_\_\_\_ and that no dispute as to the  
(date)

expiration of such leave rights is pending. His/Her last day on pay status is \_\_\_\_\_  
(date)

**RESOLUTION NO. 2 (continued)**

**(3B)** I hereby certify that the member was separated from his/her employment in the position of

\_\_\_\_\_ effective \_\_\_\_\_ the day  
(job title) (date)

upon which the condition causing his/her disability became permanent and stationary as determined by the Workers' Compensation Appeals Board in the attached finding.

His/Her last day on pay status is \_\_\_\_\_.  
(date)

**(4)** There \_\_\_\_\_ a possibility of third party liability.  
(is)/(is not)

**(5)** Advanced Disability Pension Payments \_\_\_\_\_ be made. The payments will be  
(will)/(will not)  
made \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ beginning \_\_\_\_\_.  
(bi-weekly, monthly, etc.) (amount) (date)

**(6)** The primary disabling condition is \_\_\_\_\_.  
(condition)

(If condition is psychological, add the following:)

The member \_\_\_\_\_ competent to act on his/her own behalf in legally binding retirement matters.  
(is)/(is not)

**RESOLUTION NO. 3 – DELEGATION OF AUTHORITY**

RESOLUTION OF \_\_\_\_\_  
(name of governing body)

\_\_\_\_\_  
(name of agency)

WHEREAS, the \_\_\_\_\_ (herein referred to as Agency)  
(name of agency)

is a contracting agency of the California Public Employees' Retirement System;

WHEREAS, the Public Employees' Retirement Law requires that a contracting agency determine whether an employee of such agency in employment in which he/she is classified as a local safety member is disabled for purposes of the Public Employees' Retirement Law and whether such disability is "industrial" within the meaning of such Law:

WHEREAS, \_\_\_\_\_ has determined upon legal  
(name of governing body)

advice that it may delegate authority under Government Code Section 21173 to make such determinations to the incumbent of the office/position of \_\_\_\_\_;  
(title)

NOW, THEREFORE, BE IT RESOLVED:

That the \_\_\_\_\_ delegate and it does hereby delegate  
(name of governing body)

to the incumbent of the office/position of \_\_\_\_\_ authority to make  
(title)

applications on behalf of the Agency pursuant to Government Code Section 21152 (c) for disability retirement of all employees and to initiate requests for reinstatement of such employees who are retired for disability;

BE IT FURTHER RESOLVED that \_\_\_\_\_ delegate and it  
(name of governing body)

does hereby delegate to the incumbent of the office/position of \_\_\_\_\_  
(title)

authority to make determinations of disability on behalf of the Agency under Government Code Section 21156 and whether such disability is industrial and to certify such determinations and all other necessary information to the California Public Employees' Retirement System.

## SCHOOL MEMBERS AND LOCAL MISCELLANEOUS MEMBERS

### APPLICATION PROCESS

The member or individual applying on the member's behalf, other than the employer, is responsible for forwarding all forms to the appropriate party(ies) for completion. (See Employer Originated Application section when applying on a member's behalf).

### ESTIMATE

The member's first step should be to request a Retirement Estimate online. An online User ID and Password is required for CalPERS On-Line. Members can also download, complete, and submit the **CalPERS Retirement Allowance Estimate Request** form (MSD 470), available online. Alternatively, a request can be made by calling CalPERS at **888 CalPERS** (or 888-225-7377).

### COMPLETE PACKAGE

In order for CalPERS to process a request for disability retirement, we must receive a "complete package" within 30 calendar days. If the member does not provide all the needed documents within this time period, CalPERS will cancel the member's application.

A complete package consists of:

- A completed **Disability Retirement Election Application** (PERS-BSD-369-D);
- A completed **Authorization to Disclose Protected Health Information** (PERS-BSD-35);
- A completed **Physician's Report on Disability** (PERS01M0051DMC) from a physician who specializes in the member's disabling condition. The physician must provide a diagnosis on the member's condition and include information about how it prevents the member from performing his/her job duties (an incomplete form will delay the review process);
- **Employer Information for Disability Retirement** (PERS01M0052DMC) and the duty statement; and
- A completed **Physical Requirements of Position/Occupational Title**

(PERS01M0050DMC) providing detailed information on the specific physical requirements of the member's position or occupational title.

- Job description/duty statement
- A completed **Workers' Compensation Carrier Request** (PERS-BSD-92) form from the insurance carrier with medical records attached relating to the claimed disability, if the member has a job related injury.

All the required forms are included in **A Guide To...Completing Your CalPERS Disability Retirement Election Application** (PUB-35). The member should read the entire publication prior to completing any forms so that the information submitted is complete and accurate. This will assist CalPERS in making a determination in a timely manner.

#### NOTE:

It is the member's responsibility to follow up with the employer, workers' compensation carrier, and treating physician(s) to ensure that the requested information is submitted to CalPERS.

### APPLICATION

When the member submits the **Disability Retirement Election Application** (PERS-BSD-369-D), the following sections must be completed:

- Sections 1 – 8 and 10 & 11 — Completed by Member or someone on member's behalf.
- Section 2 — Member does not need to designate a retirement date to begin the process unless requesting a service pending disability or industrial disability retirement.
- Section 5 — Member must select an option. To make an informed decision, they must first request an estimate.
- Section 11 — Member's signature must be witnessed by a CalPERS representative or notarized.

### DETERMINATION

The disability decision is based upon competent medical opinion. All medical and vocational, or non-medical information provided by the member, medical sources, employer and workers'

compensation carrier is evaluated. The determination is based on actual/present disability, not prospective inability to perform the job duties. In the event that medical information supplied to CalPERS is insufficient to make a determination, CalPERS may arrange an Independent Medical Examination.

**NOTE:**

Generally, the disability determination can be made within three to six months after CalPERS receives all required information for a complete package. However, if additional information is needed, this will extend the review process.

If the member is found to be disabled due to a mental disorder, competency will be decided based on medical opinion. Conservatorship or a valid "Power-of-Attorney" may be required before benefits are payable. For more information and instructions, please refer to the publication, **CalPERS Power of Attorney** (PUB 30).

## RETIREMENT EFFECTIVE DATE

If the application was received within nine months after discontinuance of employment, the effective date of disability retirement will be the day following the last day of payroll.

In the case of an application for disability retirement filed with the Board more than nine months after discontinuance of the member's state service, the effective date of the application shall be determined in accordance with G.C. section 20160, or if no date is indicated, the effective date will be the first of the month the application is received.

If a member has been approved for disability retirement, the law states the member must be retired immediately. The member may, unless contrary to local rules or regulations, remain on pay status to use sick leave and/or compensating time off that a person is entitled to; entitlement is a matter that must be resolved by each employer.

## MEMBER ALTERNATIVES FOLLOWING THE DISABILITY DETERMINATION

When the member has been found to be "disabled," the member will be notified of the finding and advised that he/she must be retired immediately. The member cannot cancel the

application for disability retirement after disability has been determined. However:

1. If the member is also eligible and applies to retire for service (prior to the effective date of retirement for disability or within 30 days of notification of disability retirement approval), the member may be retired for service.
2. The member may also elect to separate from employment and accept a refund of accumulated contributions in lieu of all future rights and benefits under the System.
3. The member may appeal the determination directly to the employer for local safety members and to CalPERS for miscellaneous members.

When the member has been found to be "not disabled" and the application is denied, the member will be notified of the finding and provided the opportunity to appeal the decision.

**NOTE:**

All appeals must be submitted in writing directly to CalPERS within 30 days from the date of the notification letter.

CalPERS is subject to the Administrative Procedures Act (APA) and the governing body of the contracting agency (or its authorized representative) acts as a delegate of the CalPERS Board of Administration in making the determination of substantial incapacity/disability. Therefore, the contracting agency is bound by the APA in the same manner as the CalPERS Board. So, in case of an appeal to the determination, the dispute must be heard by an administrative law judge of the State Office of Administrative Hearings.

The APA is set forth in the Government Code and the statutes describe the requirements and methods for conducting an administrative hearing. If the contracting agency determines that the member is not incapacitated for the performance of duty, it shall notify the member and CalPERS of this determination. The determination should be sent to the member by certified mail (return receipt requested) giving the member a specified time period in which to appeal and request a hearing. This is proper due process. Please refer to the APA Sample Procedural Resolution on the following pages.



**SAMPLE APA PROCEDURAL RESOLUTION**

RESOLUTION NO.

RESOLUTION OF THE CITY COUNCIL OF THE CITY OF \_\_\_\_\_  
ESTABLISHING A PROCEDURE FOR INDUSTRIAL DISABILITY RETIREMENT  
DETERMINATIONS OF LOCAL SAFETY OFFICER EMPLOYEES OF THE PUBLIC  
EMPLOYEES' RETIREMENT SYSTEM

BE IT HEREBY RESOLVED by the City Council of the City of \_\_\_\_\_ that following the filing of an application for industrial disability retirement by a local Safety Officer under the California Public Employees' Retirement System the following procedures shall be employed:

1. An initial determination will be made by the City upon medical and other available evidence offered by either the applicant or the City to determine whether the applicant is incapacitated from the performance of duty. The determination shall be made within six months of the date of the receipt by the City from CalPERS unless this time requirement is waived in writing by the applicant. Said determination shall be made by (employer or other person such as risk manager, personnel director, etc.) designated by the (City Manager, City Council, Mayor, etc.).
  - A. If it is determined by the city that the applicant is incapacitated, and the incapacity is industrial, the city manager (or appropriate authority) will so certify to CalPERS.
  - B. If it is determined that the applicant is incapacitated but that the cause of incapacity is nonindustrial, the city manager (or appropriate authority) will so certify to CalPERS.
  - C. If it is determined that the applicant is incapacitated, but the applicant contends that the cause of disability is industrial, the applicant may petition the Workers' Compensation Appeals Board (WCAB) for a Finding of Fact determining causation. If the WCAB determines the cause of incapacity to be industrial, or nonindustrial, the City will so certify to CalPERS.
  - D. If the city determines that the applicant is not incapacitated from the performance of duty, it shall notify the applicant and CalPERS of this determination. The city shall notify the applicant by certified mail (return receipt requested) or by personal service of his/her right to appeal their decision and request a hearing within thirty calendar days of the notice.
2. If the applicant requests a hearing, the hearing shall be held in conformity with the Administrative Procedures Act. When an applicant requests a hearing, the city will notify CalPERS. The city will also notify the Office of Administrative Hearings and will request a hearing date and a prehearing conference with an Administrative Law Judge. The applicant will be informed that the hearing will be held at the time and place designated by the Office of Administrative Hearings which shall set a hearing date and pre-hearing conference.

**SAMPLE APA PROCEDURAL RESOLUTION (continued)**

The hearing shall be conducted before the (city manager, city council, personnel board, other designated fact finder, etc. as designated by ordinance) with the Administrative Law Judge acting as the presiding officer.

An administrative record shall be generated at the hearing pursuant to the Administrative Procedures Act. All testimony shall be recorded by a Certified Shorthand Reporter.

Following the hearing a decision and findings of fact will be made by (same as above, i.e., city manager, city council, personnel board, other designated fact finder, etc.). The decision and findings will be served on the applicant by certified mail and CalPERS will be notified.

OR

The hearing shall be conducted before the Administrative Law Judge alone.

An Administrative record shall be generated at the hearing pursuant to the Administrative Procedures Act. All testimony shall be recorded by a Certified Shorthand Reporter.

Following the hearing the Administrative Law Judge (ALJ) prepares a Proposed Decision. The decision will include a determination of issues, findings and summary of facts. The Proposed Decision will be reviewed by (same as above, i.e., city manager, city council, personnel board, other designated fact finder, etc.). The decision will be adopted by the city as its decision; or the city will reject the decision and make its own decision without hearing additional evidence; or the city will reject the ALJ decision based on additional evidence (additional hearing with ALJ to hear evidence). The decision and findings will be served on the applicant by certified mail and CalPERS will be notified. If applicant is found to be incapacitated the city shall so certify to CalPERS. If applicant is found not to be incapacitated the applicant will be further advised that he or she has thirty calendar days to seek judicial review. Such review is by means of filing a Petition for Writ of Mandate, CalPERS will be notified.

If applicant is found to be incapacitated the city shall so certify to CalPERS. If applicant is found not to be incapacitated the applicant will be further advised that he or she has thirty calendar days to seek judicial review. Such review is by means of filing a Petition for Writ of Mandate in the Superior Court of \_\_\_\_\_ County.

Upon receipt of notice that applicant has filed a Petition for Writ of Mandate in the Superior Court of \_\_\_\_\_ County, or upon expiration of thirty calendar days where applicant has not filed a Petition for Writ of Mandate, CalPERS will be notified.

Upon receipt of Writ of Mandate in the Superior Court of \_\_\_\_\_ CalPERS will be notified.

## GENERAL DISABILITY CALCULATION

You can get an idea of what the member's monthly unmodified disability retirement allowance will be. To do so, you need to know three things:

- How many years of service credit the member has;
- The benefit factor (1.8 percent for public agency and school members, or 1.35 percent for the local 1.5 percent at 65 formula); and
- The final compensation and whether to figure it on a 12 or 36 month basis.

Find the benefit factor and years of service credit in the following groupings. Follow the instructions listed and fill in the worksheet.

## LOCAL PUBLIC AGENCY AND SCHOOL MEMBERS

A Local Public Agency Miscellaneous or School Member must have at least five years of service credit to be eligible for disability retirement.

If the member has between 5 and 10 years, OR 18 ½ or more years of service credit, multiply the years of service by 1.8 percent to determine the percentage of final compensation.

If the member has between 10 and 18 ½ years of service credit, add to that figure the number of years until the member will be age 60 and multiply the TOTAL by 1.8 percent to determine the percentage of final compensation. (The maximum percentage allowable is 33 1/3 percent).

THEN

Multiply the percentage of final compensation by the highest consecutive 12 or 36 month average monthly salary to find the Unmodified Allowance. (If the member is eligible for service retirement, the member will receive the higher allowance payable, service or disability).

## Figuring the Disability Allowance Worksheet

Years of Service	Benefit Factor	% of Final Compensation
_____	X _____%	= _____%
% of Final Retirement	Final Compensation	Compensation Allowance
_____%	X \$ _____	= \$ _____

## OTHER LOCAL PUBLIC AGENCIES

If you contract for the 1.5 percent at 65 formula, the member must have five years of service credit to be eligible for disability retirement.

If the member has between 5 and 10 years, OR 24.692 or more years of service credit, multiply the years of service by 1.350 percent to determine the percentage of final compensation.

If the member has between 10 and 24.691 years of service credit, add to that figure the number of years until the member will be age 65 and multiply the TOTAL by 1.350 percent. (The maximum percentage allowable is 33 1/3 percent).

THEN

Multiply the percentage of final compensation by the highest consecutive 12 or 36 month average monthly salary (depending on employer's contract) to determine the Unmodified Allowance. (If the member is eligible for service retirement, the member will receive the higher allowance payable, service or disability).

## CANCELLATION OF APPLICATION

If a member desires to cancel the disability retirement application, other than an employer originated application, the request must be made in writing. The member's signature is required.

A cancellation is binding; the member must thereafter re-apply whenever he/she is ready to retire. However, if the member is currently receiving service retirement benefits, the member cannot re-apply for disability or industrial disability retirement.

If the member has been found to be disabled, and the disability was approved, please refer to the Member Alternatives Following Disability Determination section for more information.

## SUBROGATION

Under the law, if someone other than the employer caused an injury that results in disability retirement benefits being paid to the member, CalPERS has the right to recover up to one-half of the total retirement benefit costs from the responsible party. This is known as the "right of subrogation."

If the member pursues a claim against any person for the same injuries that also entitles the member to a disability retirement from CalPERS (other than a Workers' Compensation claim or an uninsured motorist claim), the member must inform CalPERS.

This is true even if the claim has not yet resulted in a court action. CalPERS has the right to participate in the claim through filing its own action against the responsible party, intervening in the claim, or filing a lien against any judgment recovered.

If such a claim is settled without notifying CalPERS, we may also be entitled to file a lawsuit against the member for recovery under our subrogation rights.

## INSTRUCTIONS FOR COMPLETION OF THE PERS-BSD-194

Upon approval of an application for disability retirement by the System, the Benefit Services Division will require payroll information to begin disability retirement payments.

The **Report of Separation and Advance Payroll Information** (PERS-BSD-194) must be completed by the employer.

The first section is to be completed by the member:

### Section 1 – Employing Agency and Member Information:

- Name of Employing Agency
- Member's name
- Social Security Number
- Retirement date requested by the applicant

The following three sections are to be completed by the employer:

### Section 2 – Effective Separation or Termination Dates

- Separation Date
- Termination Date
- Last Day of on Pay Status
- Beginning and ending dates of leave of absence with compensation
- Explanation of the difference between the date of separation and last day on pay status, if any.

#### NOTE:

If a member retires on the day following the last day on the payroll, then the date of separation and the last day on the payroll will be the same date. If a member goes on leave of absence or is absent without leave, etc., at the time of retirement, then the date of separation and the last day on the payroll may not be the same.

### Section 3 – Unused Sick Leave at Time of Separation

If the member has a sick leave balance that was not used at the time of separation from employment, report the total number of days, not hours, of unused sick leave.

### Section 4 – Certification of Employer

- Signature of Payroll Officer
- Title
- Date
- Phone number

Immediately forward the original copy of the form PERS-BSD-194 to the Benefit Services Division. Failure to submit the form to the Benefit Services Division on a timely basis may result in a delayed warrant to the recipient.



## Report of Separation and Advance Payroll Information

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

Employer: Please complete this form as soon as possible and return to CalPERS.

### Section 1

Your cooperation in immediately providing an advance estimate of the requested information is critical for us to make accurate payment at the earliest possible date.

### Employing Agency and Member Information

Name of Employing Agency

This member has applied for disability retirement.

Name of Member (First Name, Middle Initial, Last Name)

Social Security Number

Requested Retirement Date (mm/dd/yyyy)

### Section 2

Last day on pay status will be upon expiration of accrued sick leave or compensated time off.

### Effective Separation or Termination Dates

Separation Date (mm/dd/yyyy)

Termination Date (mm/dd/yyyy)

Last Day on Pay Status (mm/dd/yyyy)

### Leave of Absence With Compensation

Beginning Date (mm/dd/yyyy)

Ending Date (mm/dd/yyyy)

Type of Compensation

Explain the difference between the date of separation and last day on pay status, if any.

### Section 3

### Unused Sick Leave at Time of Separation

Accumulated hours must be converted to **days** using the appropriate conversion factor applicable to each employee's Individual classification or position. Calculate to three decimal places.

Balance of unused sick leave hours at time of separation: \_\_\_\_\_ Hours ÷ 8 = \_\_\_\_\_ Days

### Section 4

### Certification of Employer

The above information is based on payroll information currently available.

Signature of Payroll Officer

Title

Date (mm/dd/yyyy)

Phone Number

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711

## EMPLOYMENT OF A RETIREE

### GENERAL RULE

G.C. section 21220 provides that a person retired on service or disability, receiving a monthly allowance from this System, shall not, except as otherwise provided, be employed in any capacity thereafter by a CalPERS employer unless the member has first been reinstated from retirement.

Any person employed in violation of this Section shall be reinstated to CalPERS membership as of the date the unlawful employment began.

The person will be required to:

1. Reimburse CalPERS for any retirement allowance received during the period of employment in violation.
2. Pay CalPERS employee contributions that should have been paid during the period of unlawful employment, plus interest.
3. Pay toward reimbursement to CalPERS for administrative expenses incurred in handling the situation.

The employer who employs a retired person in violation of the law will be required to:

1. Pay CalPERS employer contributions, which should have been paid during the period of unlawful employment, plus interest.
2. Pay toward reimbursement to CalPERS for administrative expenses incurred in handling the situation.

### EXCEPTIONS TO GENERAL RULE — TEMPORARY EMPLOYMENT

Under the following provisions, reinstatement from retirement is not required (except as noted), and no employee or employer contributions should be made to CalPERS. It is both the employer's and the employee's responsibility to monitor the employment to ensure the retired person does not exceed 960 hours in a fiscal year and the appointment is temporary.

### ELIGIBILITY TO WORK FOR A CALPERS EMPLOYER AS A TEMPORARY APPOINTMENT OR RETIRED ANNUITANT

Temporary employment with a CalPERS employer is not allowed if the retiree is under

"normal retirement age" at retirement unless both of the following conditions are met:

1. There was no agreement to return to work as a retired annuitant between the member and the employer before the member retired, and
2. There is a bona fide break in service of 60 days between the member's retirement date and the date the retiree's employment will begin.

"Normal retirement age" is the age named in the member's retirement Benefit Formula. For example, the "normal retirement age" for a 2% @ 55 Benefit Formula is 55. However, if the member has more than one Benefit Formula, then the "normal retirement age" is determined and governed by the highest "normal retirement age".

**Example:** Joe Smith is a public agency/school miscellaneous member who retired June 30, 2010 at age 52 with 20 years of service. His benefit formula at retirement was 2% at 55. Because he has not reached his "normal retirement age" of 55, he must have a bona fide separation in service which means: (1) he and the CalPERS covered employer must not have had a predetermined agreement for him to return to work before his retirement, and (2) he must have a 60 day separation between his retirement date and the first day of employment as a retired annuitant.

This restriction is per G.C. section 21220.5 and was added to CalPERS law in 2004 to comply with IRS tax regulations prohibiting in-service distributions of pension benefits. The only exception to the G.C. section 21220.5 restrictions for retirees under normal retirement age is in emergency situations as defined in G.C. section 8558.

CalPERS auditors have incorporated this requirement into the random auditing criteria for employers. If the retiree is at or above the normal retirement age as noted above, G.C. section 21220.5 restrictions above do not apply.

A retiree may work for a CalPERS employer (an employer who contracts with CalPERS for retirement benefits) as a temporary employee (retired annuitant) only as specified in CalPERS law.



## **PUBLIC AGENCY EMPLOYERS**

Any retired person may be employed by the appointing power of a CalPERS public agency employer, by temporary appointment to a position not to exceed 960 hours in any fiscal year for all such employers; either (1) during an emergency to prevent stoppage of public business or (2) because the retired employee has skills needed in performing the work of limited duration. The rate of pay for persons under this Section may not be less than the minimum, nor exceed that paid by the employer to other employees performing comparable duties (G.C. section 21224). There is no extension to the 960 hour maximum available for employment under this section.

## **SCHOOL EMPLOYERS**

1. A retired person may be temporarily employed in a certificated position for the California School for the Deaf & Blind not to exceed 960 hours in a fiscal year (G.C. section 21225). There is no extension to the 960 hour maximum available for employment under this section.
2. A retired person may be employed in a non-academic position if appointed by a school employer or by the Trustees of the California State University because the retiree has skills needed in performing specialized work, of limited duration, which cannot exceed 960 hours in any fiscal year (G.C. section 21229). There is no extension to the 960 hour maximum available for employment under this section.

## **UNEMPLOYMENT BENEFITS AND RETIRED ANNUITANT EMPLOYMENT**

Effective January 1, 2005, G.C. section 21224 was amended to prohibit a retired member from returning to retired annuitant employment with a public agency or state agency if during the prior 12-month period, the retired member received unemployment insurance compensation based on his/her prior retired annuitant employment with the same employer.

Effective January 1, 2007, G.C. sections 21225, 21226, 21227, and 21229 were amended. A retired member is prohibited from returning to retired annuitant employment in a certificated

position with the California Schools of the Blind and Deaf; a limited academic position with a Community College; University of California or California State University (CSU) or non-academic position with a School Employer or CSU; if during the prior 12-month period, the retired member received unemployment insurance compensation based on his/her prior retired annuitant employment with the same employer.

The intent of these amendments was to stop retired CalPERS members from collecting three public stipends: a retirement allowance, salary for work up to 960 hours per fiscal year, and unemployment insurance compensation after the 960 hour limit had been reached.

Public Agencies and School Employers may require retired members to provide them with a current Unemployment Insurance Benefit (UIB) printout from the Employment Development Department showing whether or not they have collected unemployment insurance within the last 12 months.

If a currently employed retired person is discovered to have received unemployment insurance compensation based on prior temporary employment with the same employer, the current employment must be terminated on the last day of the current pay period and the retired person shall not be eligible for reappointment for 12 months following the termination of the current employment (G.C. sections 21224, 21225, 21226, 21227, and 21229).

A violation of this provision will not result in automatic reinstatement from retirement for the retired person.

Questions regarding employment of a retired member should be directed to the Benefits Services Division through the CalPERS Customer Contact Center at **888 CalPERS** (or **888-225-7377**).

## **JUROR OR ELECTION OFFICER**

Any retired person may serve as juror or election officer and receive fees for such service (G.C. section 21221(c) - not subject to 960 hour rule).

## **SCHOOL CROSSING GUARDS**

Any retired person may be employed as a school crossing guard (G.C. section 21221(b) - not subject to 960 hour rule).

## **SERVICE FOR LITIGATION**

A retired former employee may be employed to prepare for potential or actual litigation or to testify in trial proceedings or at a hearing and be paid per diem and necessary travel expenses not to exceed the rate paid other persons for similar services. The per diem paid must be reduced by the daily equivalent of the retiree's retirement annuity. Contact the CalPERS Benefit Services Division (BNSD) to obtain the amount of the retiree's monthly annuity benefit (G.C. section 21223).

For a retired public agency employee and a retired school employee, this employment must be approved by the governing body of the CalPERS contracting agency. CalPERS considers the governing body of a school employer to be the County Office of Education.

## **EMPLOYMENT OF RETIRED SCHOOL TEACHERS BY SCHOOL DISTRICT**

School districts considering employment of retired school teachers should refer to sections 45134, 45135, 59007, 59113, 88033, 88034 of the Education Code concerning the restrictions of such employment.

## **APPOINTIVE POSITIONS**

1. The Governor, director of a State department, Speaker of the Assembly, the President pro Tempore of the Senate, or the governing board of a contracting agency, may appoint any retired member to serve as a member of any salaried or non-salaried board, commission or advisory committee (G.C. section 21221(a)).
2. The governing body of a contracting agency may appoint a retired person as an appointive member of the governing body; compensation for that office cannot exceed \$100.00 per month (G.C. section 21221(e)).

3. The Legislature, either house, or a legislative committee may appoint any retired person to a position deemed by the appointing power to be temporary in nature (G.C. section 21221(f)).
4. The governing body of a contracting agency may appoint a retired person to a position, found by resolution by its governing body to be available because of a leave of absence granted a person on payroll status, and found by the governing body to require specialized skills. This temporary employment shall terminate at the end of the leave of absence and cannot exceed a period of one year. Appointments under this section shall be reported to CalPERS and shall be accompanied by the resolution adopted by the governing body (G.C. section 21221(g)).
5. The governing body of a contracting agency may appoint a retired person to a position deemed by the governing body to be of limited duration and requiring specialized skills, or during an emergency to prevent stoppage of public business. If this appointment is expected to exceed 960 hours, the governing body of the contracting employer may request (for approval/denial) a one-time extension of the 960-hour limit. However, an appointment under this subdivision may not exceed a total of 12 months (G.C. section 21221(h)).

## **HOW TO REQUEST A G.C. SECTION 21221(h) EXTENSION FOR EMPLOYMENT**

When a public agency appoints a retiree under this section and requests an extension, the governing body of the public agency employer must request the extension. When a school employer appoints a retiree under this section and requests an extension, the County Office of Education (not the school district) must request the extension. The request must be accompanied by a resolution, passed by the governing body of the employer. Please see the [sample language](#) in the appendix.

The request, addressed to the Benefit Services Division, and the resolution must be received before the retiree reaches his/her 960-hour limit. The following information must be included:

1. Name, social security number, title of position at retirement and CalPERS retirement date of the retired person,
2. The title of the position the retired person was appointed to under G.C. section 21221(h) and for which the extension is requested,
3. The appointment date of the temporary position (date the 960 hours began),
4. The approximate date on which the 960 hour maximum will be reached,
5. The specific reason(s) for the extension request; and
6. The number of additional hours of employment requested for the extension.
7. A copy of the employment agreement.

Questions regarding the employment of a retired person should be directed to the Benefit Services Division at **888 CalPERS** (or **888-225-7377**). Requests should be sent to:

#### **CalPERS**

Benefit Services Division  
P.O. Box 942711  
Sacramento, California 94229-2711

#### **ELECTIVE POSITIONS**

Any retired person may serve as an elective officer without reinstatement from retirement, however any part of the retirement allowance based on previous service in that same elected office shall be suspended during incumbency in such office (G.C. sections 21221(d), 21222).

#### **EMPLOYMENT BY A NON-CALPERS EMPLOYER**

A retired person receiving a monthly allowance from this System may be employed by any employer not participating with this System without being reinstated from retirement. A disability retirement pension (except in the case of Industrial Disability Retirement) may be subject to reduction during such employment, depending upon the salary of the new position, until the retired person attains the minimum age for voluntary service retirement applicable to the member's classification. It will be the responsibility of the retired person to report to

CalPERS any salary earned with a non-CalPERS employer.

A retired CSU academic may be employed with a school employer in a certificated STRS-qualified position without reinstatement (provided that they have never previously made a STRS-PERS election. Please see the section in this manual, **Membership Procedures-School Employment: CalPERS or CalSTRS**). There is no temporary employment or limited hour requirement for a CalPERS retiree working in a CalSTRS position.

#### **EMPLOYMENT OF A RETIREE AS AN "INDEPENDENT CONTRACTOR"**

Many "contracts" or "employment agreements" entered into by retired persons and employers to give the retired person the status of an "independent contractor", upon review by CalPERS, are found not to qualify the retired person as an independent contractor under California contract law.

If CalPERS determines the contract is not within the guidelines for an "independent contractor" after the retired person has entered into employment, the consequence of such employment is that the retired person may be "illegally hired" and, therefore, subject to mandatory reinstatement from retirement. Such reinstatement is retroactive to the start date of the illegal employment and the retiree is liable for reimbursement of all retirement allowances received during the period of illegal employment. In addition, administrative penalties will be assessed to the employer.

Therefore, the employer must submit the contract or employment agreement to CalPERS prior to the retiree accepting the employment. To request approval for employment of a retired person as an independent contractor, please submit your request along with a copy of the proposed contract or employment agreement and scope of duties to:

#### **CalPERS**

Benefit Services Division  
P.O. Box 942711  
Sacramento, California 94229-2711

Additional information regarding Independent Contractors can be found in the "Positions Excluded by Retirement Law" section, or call **888 CalPERS** (or **888-225-7377**).

## EMPLOYMENT OR CO-EMPLOYMENT THROUGH A THIRD PARTY EMPLOYER (ALL RETIREES)

Before employing a retired member through a third party employer or temporary employment agency, please contact CalPERS. If the retired member will be an employee of the CalPERS employer under common-law principles, the retired member's employment could be subject to CalPERS restrictions, even if a third party employer pays the retired member's wage.

Direct specific questions about employment of a retiree through a third party employer or temporary employment agency to the Benefit Services Division at **888 CalPERS** (or **888-225-7377**) or by letter.

## EMPLOYMENT OF A DISABILITY/INDUSTRIAL DISABILITY RETIREE

### NOTE:

For Temporary employment not to exceed 960 hours, see Temporary Employment section under Exceptions to General Rule on previous page.

The Board may approve CalPERS re-employment without reinstatement for a member who is receiving a disability/industrial disability retirement allowance and who is offered a specific job in a position that is significantly different from that which the member retired. Such employment cannot begin prior to the Board's approval (G.C. section 21228).

To request re-employment approval, the employer retiree must submit the following:

1. The retired person needs to complete and sign Section 1 of the **Request to Work While Receiving Disability Industrial Disability Retirement Benefits** form (PERS07M0044DNC) provided in the publication, **Employment After Retirement** (PUB 33). An example of this form is in the appendix.
2. The prospective employer completes Section 2 of the request form, stating their "intent to hire" the retired person upon CalPERS approval. Attach a copy of the current job duty statement for the position which the retired person is requesting to work. Include the starting salary for the retiree and the salary range for the position. In addition, you

will be expected to notify CalPERS of any salary increase when paid to the retiree and all increases, such as cost-of-living adjustments, when applied to the salary range of the position.

If the retiree is to be promoted or changes positions, a new re-employment approval must be obtained prior to the position change, or the retiree may be subject to retroactive reinstatement from disability/industrial disability retirement and be liable for reimbursement of any retirement allowance paid.

3. The employer and member must complete, sign, and submit the **Physical Requirements of the Position/Occupational Title** form (PERS01M0050DMC) An example of this form is in the [Appendix](#).
4. Provide a medical report from the retired person's physician who specializes in the member's disabling condition stating that he/she has recently examined the retired person, reviewed the job duty statement, **Physical Requirements of the Position/Occupational Title** form, and finds the retired person is able to perform all tasks without restriction or limitation. CalPERS may require an independent medical evaluation to supplement the doctor's report. If so, CalPERS will select the physician, schedule the appointment, and pay for the examination.

Upon approval of the re-employment, the retired person will be required to report monthly earnings to CalPERS, as the disability retirement pension is subject to an earnings limit for as long as the employment continues.

### NOTE:

No employee or employer contributions are made to CalPERS for these types of employment.

For specific questions concerning employment of a CalPERS retiree, please review the publication **Employment After Retirement** (PUB 33) available on the CalPERS Web site at **www.calpers.ca.gov** or contact CalPERS at **888 CalPERS** (or **888-225-7377**).



## Request To Work While Receiving Disability / Industrial Disability Retirement Benefits

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

You must complete this form in order to request approval to work for a CalPERS employer in any permanent position while continuing your disability / industrial disability retirement benefits.

### Section 1

Please clearly print the requested information.

A *Physician's Report on Disability* form is not required.

Be sure to have your employer fill out Section 2 on the reverse side of this form.

Local safety disability or industrial disability retirees must also submit the position duty statement and qualifying medical documentation used at the time of their retirement.

### Member Certification

Name of Member (First Name, Middle Initial, Last Name)

Social Security Number

Address

City

State

ZIP Code

Country

( )

( )

Daytime Phone

Fax Number

E-Mail Address

I understand this is a formal request for permanent employment under Government Code Section 21228 and that my employment offer is contingent upon written approval from CalPERS. I must advise CalPERS of any changes to my salary or employment (for e.g. lateral transfer or promotion) and receive approval before beginning any new permanent position. A consequence of unlawful employment may result in mandatory reinstatement from retirement into the position I am currently working, retroactive to my hire date.

I also understand that the position I am applying for must be significantly different than the one from which I retired. I am subject to an earnings limitation so that the total of the pension portion of my retirement allowance and employment earnings will not exceed the current (gross) salary of the position from which I retired.

I have attached a position duty statement of the job and a completed *Physical Requirements of Position/ Occupational Title* form. I have also attached a current medical report completed and signed by a physician specializing in the condition for which I retired on disability/industrial disability retirement. The physician is a medical specialist who certifies that he/she has examined me, reviewed the attached position duty statement and *Physical Requirements of Position/Occupational Title* form and indicates whether or not I am able to perform all of the tasks without any restrictions or limitations.

Member Signature

Date (mm/dd/yyyy)



## REINSTATEMENT FROM RETIREMENT

If you wish to hire a retired person in a permanent position, whether full-time or part-time, the retired person must reinstate from retirement into active CalPERS membership. A person on service retirement does not need approval prior to beginning active employment. However, to avoid an overpayment of retirement benefits and prevent payroll reporting problems for the employer, it is important to submit the ***Reinstatement from Service Retirement Application*** (PERS-BSD-145) timely.

**NOTE:**

A retired person on a disability or industrial disability must be approved for reinstatement prior to being hired as a regular employee.

The publication ***Reinstatement from Retirement*** (PUB 37) includes the reinstatement applications for retired members on service, disability or industrial disability retirement as well as additional information about the reinstatement process. The publication is available on the CalPERS Web site at **[www.calpers.ca.gov](http://www.calpers.ca.gov)** or by calling **888 CalPERS** (or 888-225-7377).

**NOTE:**

Please be aware that reinstatement to an employer other than the one the member retired from could change the benefits the member was previously entitled to receive. The member should contact the employer's personnel office and clarify any questions they have about health benefits, vision care, dental care and death benefits that they offer their employees and retirees.

Reinstatement from retirement affects the cost-of-living adjustment (COLA) benefits the member will be entitled to receive in the future. COLAs are determined based upon the year in which the member retires. Reinstatement will change the base year of the future retirement, and will therefore, also change the date the member will be entitled to begin receiving future COLAs. To be retired again following the member's reinstatement, they must submit a new application for retirement. The member should contact their employer's personnel office or CalPERS prior to retirement to obtain the correct application document.

### SERVICE RETIREMENT

The Board, pursuant to the provisions of G.C. section 21196, may reinstate a person who has been retired under this System for service upon:

1. CalPERS receipt of the completed ***Reinstatement From Service Retirement Application*** (PERS-BSD-145) form. This form is enclosed in the ***Reinstatement From Retirement*** (PUB 37) publication.
2. The member is responsible for completing Sections 1 and 3. Section 2 must be completed by a Human Resource or Personnel representative of the employer certifying the start date or hire date of the permanent position.

A person who has been retired under this System for service, following an involuntary termination of the person's employment, and who is subsequently reinstated to such employment by action on or after October 1, 1965, pursuant to an administrative or judicial proceeding, shall be returned to employment status for the period specified by the judgment. The requirements of G.C. section 21196 shall not apply in this case (G.C. section 21198).

A person who has been retired under this System for service may be reinstated from retirement pursuant to this article without regard to the requirements of G.C. section 21196, upon the retiree's application to the Board, if upon reinstatement, the retiree will be appointed by the Governor to any state office or employment (G.C. section 21199).

When a person is reinstated from retirement, the retirement allowance is canceled and the retiree becomes a member of the System as of the date of reinstatement. The retiree's individual account shall be credited with the actuarial equivalent of the retiree's annuity at the date of reinstatement, not to exceed the amount of accumulated contributions at the date of retirement (G.C. section 21200).

## DISABILITY/INDUSTRIAL DISABILITY RETIREMENT

A member retired for disability/industrial disability may request approval from CalPERS to reinstate to another CalPERS covered position.

1. The Board may require any member receiving a disability retirement allowance, under the minimum age for voluntary retirement for service, to undergo a medical examination. If the Board determines that such recipient is not incapacitated for duty, the agency shall be notified that such person is eligible for reinstatement to duty. The fact that the member was retired for disability does not prejudice any right to reinstatement to duty, which the member may claim. The member's disability retirement allowance will be canceled on the effective date of the employer's job offer (G.C. sections 21192 and 21193).
2. Any retiree may request approval from CalPERS to reinstate, whereby the retirement allowance is canceled and the member resumes active member status, including earning additional service credit towards his/her subsequent retirement.

To request approval, the employer and member must:

- Complete Sections 1 and 2 of the **Request for Reinstatement from Disability/Industrial Disability Retirement** form (PERS01M0036DMC) found in the **Reinstatement from Retirement** publication (PUB 37) and in the [Appendix](#);
- Provide a current job duty statement for the position, and complete the **Physical Requirements of the Position/Occupational Title** form (PERS01M0050DMC);
- Provide a medical report from the retired person's physician who specializes in the member's disabling condition stating that he/she has recently examined the retired person, reviewed the job duty statement, **Physical Requirements of the Position/Occupational Title** form, and finds the retired person is able to perform all tasks without restriction or limitation. CalPERS may require an independent medical evaluation to supplement the doctor's report. If so, CalPERS will select the physician, schedule the appointment, and pay for the examination.

If the member is requesting reinstatement into a different position from which they retired, the prospective employer must complete Section 3 stating their intent to hire the member upon CalPERS approval (G.C. sections 21192 and 21193).

If the member whose disability/industrial disability retirement has been canceled does not re-enter CalPERS covered employment, an amount which is the actuarial equivalent of the member's annuity at cancellation shall be credited to the individual account, and shall be refunded unless the member is eligible to elect, and does elect, to allow his/her accumulated contributions to remain in the retirement fund (G.C. section 21172).

### ADDITIONAL INFORMATION FOR INDUSTRIAL DISABILITY

For reinstatement from Industrial Disability only, the member must:

- Check the box in Section 2

The prospective employer must:

- Complete Section 3 stating their intent to hire the member upon CalPERS approval (G.C. sections 21192 and 21193).

Upon subsequent retirement, the member's allowance will be recalculated based on the highest final compensation period during employment using the same benefit formula for industrial disability and adding an annuity for the additional time worked after reinstatement. If the member is eligible for a service retirement after the miscellaneous employment, the member may receive whichever allowance is greater, but will retain the industrial disability retirement classification (G.C. sections 21197 and 21200).



## BENEFICIARY DESIGNATION (AFTER RETIREMENT)

### NOTIFICATION OF CHANGE IN BENEFICIARY STATUS

It is important for a retired member to contact CalPERS to request a ***Changing Your Beneficiary or Monthly Benefit After Retirement*** (PUB 98) publication when any one of the following qualifying events occurs because his or her designated beneficiary's entitlement to certain CalPERS benefits could be affected:

- Marriage or domestic partnership of the retired member.
- Legal separation, dissolution or annulment of marriage or termination of domestic partnership of the retired member if initiated after the designation was filed.
- Birth or adoption of a child.

Should any one of these events occur, a retired member's existing beneficiary designation for the balance of Option 1 contributions, the lump sum death benefit, or the balance of Temporary Annuity payments are automatically revoked. Once the designation is revoked, lump sum benefits will be paid to the statutory beneficiaries in the following sequence:

1. To the retired member's spouse/domestic partner, or if none;
2. To the retired member's natural or adopted children, share and share alike, or if none;
3. To the retired member's parents, share and share alike, or if none;
4. To the retired member's brothers and sisters, share and share alike, or if none;
5. To the retired member's estate, if probated. If the estate does not require probate, but there is a trust, benefits will be paid to the trust. If there is no trust, benefits will be paid to the retiree's surviving next of kin in the order prescribed by law.

A retired member may designate a new beneficiary by obtaining a ***Changing Your Beneficiary or Monthly Benefit After Retirement*** (PUB 98) publication, which includes a ***Post Retirement Lump Sum Beneficiary Designation Form*** (PERS-BSD-509-P), and by returning the completed form to CalPERS. The publication is available on the CalPERS Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov) or contact CalPERS at **888 CalPERS** (or 888-225-7377).

If the retired member wants his or her statutory beneficiary(ies) to receive the lump sum benefits payable, there is no need to file a PERS-BSD-509P. However, filing PERS-BSD-509P may help us locate the person(s) upon the member's death.

The member's spouse or domestic partner is required to sign the PERS-BSD-509P acknowledging the designation made by the retired member. If the retired member does not certify that they have no spouse/domestic partner or the document does not include the spouse/domestic partner signature, a justification for absence of spouse/domestic partner signature must be completed and submitted with their designation.

#### NOTE:

A retired member's designation and benefit entitlement to any lump sum death benefit may be impacted by any domestic relations court order, which awards a current or ex-spouse/domestic partner a community property interest in the retired member's CalPERS retirement account.

For an explanation of the limited situations under which retired members may change their optional settlement of beneficiary designation after retirement, please see the section entitled "Changing Your Retirement Option or Life Option Beneficiary."

A survivor or beneficiary who is receiving an allowance following the death of the retired member may designate a beneficiary to receive any unpaid allowance by requesting and filing a ***Designation for Beneficiary's or Survivor's Prorated Allowance*** (PERS-PRS-509B) form with CalPERS Benefit Services Division.

**NOTE:**

If a retired member marries or enters into a registered domestic partnership, the new spouse/domestic partner is not automatically entitled to a monthly death benefit. A retired member would have to modify the Option and name a new beneficiary. A modification will cause a reduction in the retired member's allowance to provide an ongoing allowance with health coverage to the new spouse or domestic partner. For more information, the retired member must read the ***Changing Your Beneficiary or Monthly Benefit After Retirement*** (PUB-98) publication. The publication is available on the CalPERS Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov) or contact CalPERS at **888 CalPERS** (or 888-225-7377).

### QUALIFYING FOR POP-UP BENEFITS

If the retired member elected the Option 2 or 3 benefit on or after January 1, 1990, the retired member's allowance will increase to a higher allowance, if one of the following events occurs:

- The retired member's beneficiary dies.
- The retired member's Option 2 or Option 3 beneficiary is the retired member's spouse/domestic partner and they divorce, legally separate, annul their marriage, or terminate their domestic partnership and they provide CalPERS with a copy of their judgment that awards the retired member the entire community property interest in their CalPERS benefits.
- The retired member's non-spouse/domestic partner beneficiary waives entitlement to the Option 2 or 3 benefit by filing a Non-Spouse/Domestic Partner Disclaimer of CalPERS Benefits form.

If the retired member elected the Option 2 or 3 benefit before January 1, 1990 and one of the three events listed above occurred less than 10 years following their retirement date, the retired member's allowance may be increased to the actuarial equivalent of the Unmodified allowance.

If the retired member elected the Option 2 or 3 benefit before January 1, 1990 and one of the three events occurred more than 10 years following their retirement date, the retired member is not entitled to an allowance increase.

There is no pop-up increase if the retired member elected Option 2W or 3W (W=waived pop-up).

If the retired member feels they are entitled to an increase, the retired member should request a ***Changing Your Beneficiary or Monthly Benefit After Retirement*** (PUB 98) publication, which contains a ***Request for Option 2 or 3 "Pop-Up" Increase Form***.

### POP-UP EFFECTIVE DATE

#### BENEFICIARY DEATH

The retired member's allowance will increase to a higher allowance effective on the first of the month following their beneficiary's month of death.

#### DISSOLUTION OF MARRIAGE, LEGAL SEPARATION, ANNULMENT, OR TERMINATION OF DOMESTIC PARTNERSHIP

The retired member's allowance will be increased to a higher allowance effective the first of the month following our receipt of the judgment awarding them total interest in their CalPERS benefit.

#### NON-SPOUSE/DOMESTIC PARTNER BENEFICIARY DISCLAIMER

The retired member's beneficiary will be asked to sign a Non-Spouse/Domestic Partner Disclaimer of CalPERS Benefit form that will be provided by CalPERS upon request, which must be signed, notarized and approved by CalPERS.

The retired member's allowance will increase effective the first of the month following CalPERS receipt of the properly completed and notarized Non-Spouse/Domestic Partner Disclaimer of CalPERS Benefits form.

### CHANGING BENEFICIARY DESIGNATIONS & MODIFYING YOUR LIFE OPTION AND/OR LIFE OPTION BENEFICIARY

A retired member who elected the Unmodified Allowance or Option 1 may change the beneficiary for the lump sum retired death benefit Option 1 or balance of Temporary Annuity at any time.

A retired member can also modify their current retirement election and name a new beneficiary for a lifetime option allowance after a qualifying event (as described below), and provided their

current lifetime option beneficiary is not a former or legally separated spouse/domestic partner who has community property interest in their CalPERS retirement benefit.

Electing a modification of option reduces the retired member's current allowance. The amount of the retired member's allowance reduction depends upon the retired member's age and the age of their new beneficiary at the time of the election. Modifying a retired member's option is also referred to as a "recalculation of option."

## QUALIFYING EVENTS

The following are events that we allow the member to modify their allowance or retirement option and name a new beneficiary for a lifetime option benefit.

### 1. Death of Retirement Option Beneficiary

If the retired member elected:

- a. Unmodified Allowance or Option 1
  - The death of their beneficiary is not a qualifying event.
- b. Option 2, 2W, 3, 3W, or 4
  - The retired member can modify their election of the Option 2, 2W, 3, 3W, or 4 to another option other than the unmodified allowance and name a new beneficiary.

### 2. Retired Member's Marriage/Registered Domestic Partner

If the retired member elected:

- a. Unmodified Allowance
  - The retired member can modify their election of the Unmodified Allowance to an Option 1, 2, 2W, 3, 3W, or 4 and name their current spouse/domestic partner as beneficiary.
- b. Option 1
  - The retired member can modify their Option 1 to an Option 2, 2W, 3, 3W, or 4 and name their current spouse/domestic partner as beneficiary.
- c. Option 2, 2W, 3, 3W, or 4
  - If retired member has a former spouse/domestic partner and they are not the Option 2, 2W, 3, 3W, or 4 beneficiary, they can modify their

election to an Option 1, 2, 2W, 3, 3W, or 4 and name their current spouse/domestic partner as beneficiary. If the retired member named someone as their beneficiary for a lifetime option benefit and then later marries or enters into a domestic partnership with that same person, it would not be a qualifying event, since that person is already their lifetime option beneficiary.

#### NOTE:

If the retired member's former spouse/domestic partner is the retired member's beneficiary, see the Dissolution of Marriage, Legal Separation, Annulment or termination of domestic partnership.

### 3. Dissolution of Marriage, Legal Separation, Annulment or Termination of Domestic Partnership

If the retired member elected:

- a. Unmodified Allowance or Option 1
  - This is not a qualifying event.
- b. Option 2, 2W, 3, 3W, or 4
  - If the retired member's former or legally separated spouse/domestic partner is the Option 2, 2W, 3, 3W or 4 beneficiary and the dissolution/termination or legal separation judgment dividing the community property awards the member the entire interest in the CalPERS retirement, the beneficiary can be changed and the member can modify the election to an Option 1, 2, 2W, 3, 3W or 4 and name a new beneficiary.

#### NOTE:

If the retired member's former or legally separated spouse or domestic partner is their Option 2, 2W, 3, 3W or 4 beneficiary and the dissolution/termination or legal separation judgment dividing the community property does not award the retired member the entire interest in their CalPERS retirement, the retired member's former or legally separated spouse or domestic partner cannot be removed as beneficiary.

**4. Non-Spouse/Non-Domestic Partner  
Beneficiary Disclaims Lifetime Allowance**

If the retired member elected:

- a. Unmodified Allowance or Option 1, 2, 2W, 3, 3W or 4
  - Regardless of what option the retired member chooses, a non-spouse/domestic partner beneficiary disclaimer is not a qualifying event for a modification of option. This simply means the non-spouse/domestic partner beneficiary relinquished their entitlement to CalPERS benefits.

If a retired member wishes to change their option and/or name a new beneficiary for lifetime option allowance, the retired member should request the ***Changing Your Beneficiary or Monthly Benefit After Retirement*** (PUB 98) publication which contains an ***Application to Modify Option and/or Life Option Beneficiary*** form (PERS-01MOO14-DMC). The publication is available on the CalPERS Web site at **[www.calpers.ca.gov](http://www.calpers.ca.gov)** or contact CalPERS at **888 CalPERS** (or 888-225-7377).

**EFFECTIVE DATE FOR CHANGING AN OPTION**

If the retired member made an election to change their option within 12 months of the qualifying event, the effective date is the first of the month following CalPERS receipt of their completed election document. Both the retired member and their new beneficiary must be alive on the effective date.

If the retired member makes an election to modify their option more than 12 months after the qualifying event, the modification will not become effective until 12 months after the election is made. Both the retired member and their new beneficiary must be alive on the deferred election effective date.

**HEALTH INSURANCE**

When a retired member considers a modification of retirement option, they need to remember that continuation of CalPERS health insurance coverage of a new spouse/domestic partner depends on their being enrolled as a dependent on the retired member's plan at the time of the retired member's death and the retired member made an election of option that provides the new spouse/domestic partner with a monthly allowance.

If a retired member has CalPERS health insurance, they must immediately notify CalPERS if they divorce, terminate a domestic partnership or suffer the death of a spouse, domestic partner or other dependent. Failure to make a timely notification may result in incorrect premium deductions from the retired member's monthly allowance.

## DEATH OF A RETIREE

If you become aware of the death of a retiree, please contact CalPERS with the name, birth date, Social Security Number, and date of death of the deceased, as well as the names, relationships, and addresses of the next of kin. A written or telephone communication detailing this information is acceptable for death notification provided an official of the agency gives it. The form PERS-BSD-738 should NOT be submitted for a retired person's death.

### INFORMATION FOR FAMILY OF DECEASED

When a CalPERS retiree dies, there are several important steps a spouse or family member can take to help assure prompt payment of any benefits payable by CalPERS. The first step is to notify CalPERS by telephone at **888 CalPERS** (or **888-225-7377**) or by letter at P.O. Box 1652, Sacramento, CA, 95811-1652. We will need the following information:

1. Name and Social Security Number of deceased retiree.
2. The date of death.
3. Name, address, and telephone number of person providing notice of death.
4. Name, address, and telephone number of surviving spouse/domestic partner, other next-of-kin, or the person whom will be settling the estate.
5. If applicable, Social Security Number of surviving spouse/domestic partner.
6. Date of birth of surviving spouse/domestic partner.
7. Date of marriage/registration of domestic partnership.
8. Whether or not surviving spouse/domestic partner is able to handle his/her own financial affairs.

The second step is to accumulate documentation. The System will ask for:

1. A photocopy of the certified death certificate with the member's Social Security Number written in the top right corner.
2. The name, address and phone number of the person handling the estate if the member's estate requires probate. Letters of administration must be submitted by the executor of the estate before benefits can be paid to the estate.

3. Other documents which are not included in the member file such as photocopies of marriage certificates, domestic partnership registration or birth certificates with Social Security Number.

The third step is completing the ***Application for Retired Member/Payee Survivor Benefits*** form that is sent by CalPERS. This form is used to determine whether any event has occurred to invalidate the beneficiary designation or to identify persons who might be beneficiaries by law. It is a formal application to receive payment of death or survivor benefits determined payable by CalPERS. The person completing this form is certifying that he/she is the person identified therein. This form should be completed in full and returned to CalPERS with the copies of the other documentation, (death certificate, marriage certificate, newspaper clipping, etc.) as quickly as possible. Enclosed with the ***Application for Retired Member/Payee Survivor Benefits*** form will be a ***Tax Withholding Election for Survivor Benefits*** form so an election may be made for Federal and State Tax withholding.

### HEALTH INSURANCE

If the beneficiary or survivor is entitled to a monthly benefit and continued coverage under the Public Employees' Medical and Hospital Care Act, as administered by CalPERS, the coverage will be continued automatically. A ***Health Benefits Plan Enrollment Form*** (HBD-12) is completed by CalPERS and a copy will be sent to the beneficiary or survivor.

### WARRANTS ISSUED AFTER RETIREE'S DEATH

All checks or retirement warrants issued (dated) after the retiree's death should be promptly returned to the System.\* If funds have been transferred to a bank for direct deposit to the retiree's account, CalPERS will contact the bank directly regarding reimbursement to the System of the full amount of warrants issued after the retiree's death. Any allowance accrued but unpaid prior to the retiree's death will be paid to the eligible beneficiary.

\* Unless the CalPERS representative specifically tells the surviving spouse or registered domestic partner that the payments do not need to be returned.

## TAX AND INCOME REPORTING INFORMATION

### STATEMENT OF BENEFITS PAID AND WITHHOLDING

In January of the year following payment, CalPERS provides each beneficiary with a statement showing the gross amount paid for benefits received and the amount of income tax withheld, if any. Most payments made by CalPERS are reported to the IRS and Franchise Tax Board. Questions about the taxability of CalPERS benefits should be directed to the IRS, the California Franchise Tax Board, or the beneficiary's tax advisor.

### TAXPAYER IDENTIFICATION NUMBER

Section 6109 of the IRS Code requires recipients of reportable payments to furnish Taxpayer Identification Numbers (TINs). The beneficiary's Social Security Number (or Employer ID number, if a trust or organization) must be furnished to CalPERS, even if they are not required to file a tax return.



## REFUND OF MEMBER CONTRIBUTIONS

### MEMBER REFUNDS

Upon receipt of notice of an employee's permanent separation from CalPERS covered employment (either on PERS-AESD-1 form, or via the ACES system), an Options at Separation packet will be sent directly to the member. The packet contains a letter of instruction, tax information and the necessary form to request a withdrawal of contributions.

If the member is moving from one CalPERS covered employer to another, he or she may not receive a return of contributions. In addition, if the member is moving to any of the public funded retirement systems with which CalPERS has a reciprocal agreement, the member may not elect to withdraw his or her contributions. If the member is moving to a position covered under CalSTRS, Legislators' Retirement System, University of California Retirement Plan, or the Judges' Retirement Systems, he or she may not elect to refund.

- Should the member prefer to leave their funds in CalPERS, they need not respond. Their contributions will continue to earn interest at the current rate. As long as the contributions remain in CalPERS, an Annual Member Statement will be mailed to the current address on record. If the member has at least five years of service credit, he or she can apply for a retirement allowance at age 50 or older. In the year the member will attain age 70 ½, an election to either refund or retire must be made.

- Should the member prefer a refund of contributions, he or she will need to return the Refund Election Form directly to the Refunds Unit of CalPERS. The form is located on the CalPERS Web site and is also in the Options at Separation packet mailed to the member. The member can elect to withdraw his or her contributions as an in-hand distribution or as a rollover to an IRA or other qualified retirement plan.

A member refund will not be issued until a valid **Member Action Request** (PERS-AESD-1) form or ACES transaction separating the employee from employment has been received by CalPERS.

#### NOTE:

A member who is on an extended leave without pay or on a military leave may not receive a refund of their CalPERS retirement contributions. These types of refunds are considered "in service distributions," which are not allowed by the Internal Revenue Service.



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